

2000 UNIFORM BUSINESS REPORT (UBR)

PG192

DOCUMENT # F95000003963

1. Entity Name

NATIONAL MENTOR HEALTHCARE, INC.

FILED

00 SEP 13 PM 3: 37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

6950 COLUMBIA GATEWAY DR
COLUMBIA MD 21046
US

Mailing Address

577 MULBERRY ST
MACON GA 31202

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6950 Columbia Gateway Dr.

Suite 400

Columbia MD 21046

Howard



DO NOT WRITE IN THIS SPACE

4. FEI Number 04-2893910

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> Delete
NAME	GREGORY TORRES	
STREET ADDRESS	313 CONGRESS ST	
CITY-ST-ZIP	BOSTON MA 02210	
TITLE	VP/D	<input type="checkbox"/> Delete
NAME	HOPPER, ELIZABETH	
STREET ADDRESS	313 CONGRESS ST	
CITY-ST-ZIP	BOSTON MA 02210	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEDENBAUGH, JAMES R	
STREET ADDRESS	3414 PEACHTREE RD NE, STE 1400	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHARLOTTE A SANFORD	
STREET ADDRESS	3414 PEACHTREE RD NE, STE 1400	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHEA, ARTHUR D	
STREET ADDRESS	313 CONGRESS ST	
CITY-ST-ZIP	BOSTON MA 02210	
TITLE	ASV	<input checked="" type="checkbox"/> Delete
NAME	MARGIE M SMITH	
STREET ADDRESS	577 MULBERRY ST	
CITY-ST-ZIP	MACON GA 31202	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	500003392185--4
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James R. Bedenbaugh
STREET ADDRESS	666 Powers Ferry Road, Suite 100
CITY-ST-ZIP	Atlanta GA 30339
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charlotte A. Sanford
STREET ADDRESS	666 Powers Ferry Road, Suite 100
CITY-ST-ZIP	Atlanta GA 30339
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ASV Mark S. Demilio
STREET ADDRESS	6950 Columbia Gateway Drive, Suite 400
CITY-ST-ZIP	Columbia MD 21046

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

REQUIRED

MARK S. DEMILIO, VICE PRESIDENT & ASST. SECRETARY

9/8/00

Date

410/953-4702

Daytime Phone #

CR2E034 (5/00)



pg 2 of 2

ACCOUNT NO. : 072100000032

REFERENCE : 827597 5028257

AUTHORIZATION :

COST LIMIT : \$ 550.00

Patricia P. [Signature]

ORDER DATE : September 12, 2000

ORDER TIME : 9:58 AM

ORDER NO. : 827597-065

CUSTOMER NO: 5028257

CUSTOMER: Ms. Maria Ayub
Magellan Health Services, Inc.
6950 Columbia Gateway Drive
Suite 400
Columbia, MD 21046

ANNUAL REPORT FILING

NAME: NATIONAL MENTOR HEALTHCARE,
INC.

RECEIVED
00 SEP 13 AM 10:44
DEPARTMENT OF STATE
DIVISION OF CORPORATE REGISTRATION
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: JANNA WILSON - Ext. 1155

EXAMINER'S INITIALS: _____