

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # F95000003963**1. Entity Name
NATIONAL MENTOR HEALTHCARE, INC.

Principal Place of Business	Mailing Address
6950 COLUMBIA GATEWAY DR., #400	6950 COLUMBIA GATEWAY DR., #400
COLUMBIA MD	COLUMBIA MD
21046 US	21046 US

2. Principal Place of Business
313 CONGRESS STREET3. Mailing Address
313 CONGRESS STREETSuite, Apt. #, etc.
5TH FLOORSuite, Apt. #, etc.
5TH FLOORCity & State
BOSTON MACity & State
BOSTON MAZip
02210Country
USZip
02210Country
US4. FEI Number
04-2893910Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREETTALLAHASSEE FL
32301 US

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 _____ 05/01/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE AVS ☒ Delete
NAME DEMILIO MARK S
STREET ADDRESS 6950 COLUMBIA GATEWAY DR., #400
CITY-ST-ZIP COLUMBIA MD 21046TITLE S ☒ Delete
NAME SHEA ARTHUR D
STREET ADDRESS 313 CONGRESS ST
CITY-ST-ZIP BOSTON MA 02210TITLE D ☐ Delete
NAME SANFORD CHARLOTTE A
STREET ADDRESS 6666 POWERS FERRY ROAD., STE 100
CITY-ST-ZIP ATLANTA GA 30339TITLE D ☐ Delete
NAME BEDENBAUGH JAMES R
STREET ADDRESS 6666 POWERS FERRY ROAD., STE 100
CITY-ST-ZIP ATLANTA GA 30339TITLE VPD ☐ Delete
NAME HOPPER ELIZABETH
STREET ADDRESS 313 CONGRESS ST
CITY-ST-ZIP BOSTON MA 02210TITLE PDD ☐ Delete
NAME TORRES GREGORY
STREET ADDRESS 313 CONGRESS ST
CITY-ST-ZIP BOSTON MA 02210

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VP ☒ Change ☐ Addition
NAME LOPEZ-DIAZ IOVANNA
STREET ADDRESS 600 N. PINE ISLAND RD., SUITE 360
CITY-ST-ZIP PLANTATION FL 33324TITLE T ☒ Change ☐ Addition
NAME MONACK DONALD
STREET ADDRESS 313 CONGRESS STREET
CITY-ST-ZIP BOSTON MA 02210TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE PD ☒ Change ☐ Addition
NAME TORRES GREGORY
STREET ADDRESS 313 CONGRESS ST
CITY-ST-ZIP BOSTON MA 02210

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: Gregory Torres

PD 05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)