

FILED

Jun 19, 2001 8:00 am
Secretary of State

05-17-2001 90404 049 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001152

1. Entity Name

THC OF MELBOURNE, INC.

Principal Place of Business

1010 N GLEBE RD
8TH FLOOR ATTN: TAX
ARLINGTON VA 22201
US

Mailing Address

1010 N GLEBE RD
8TH FLOOR ATTN: TAX
ARLINGTON VA 22201
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 54-1846022

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 \$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	DCEO	<input type="checkbox"/> Delete
NAME	VENTO, GERALD T	
STREET ADDRESS	1110 N. GLEBE RD., #300	
CITY-ST-ZIP	ARLINGTON VA 22201	
TITLE	PTSD	<input type="checkbox"/> Delete
NAME	SULLIVAN, THOMAS H	
STREET ADDRESS	1110 N. GLEBE RD., #300	
CITY-ST-ZIP	ARLINGTON VA 22201	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D, CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gerald T. Vento	
STREET ADDRESS	1010 N. GLEBE RD., Suite 800	
CITY-ST-ZIP	ARLINGTON, VA 22201	
TITLE	PTSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas H. Sullivan	
STREET ADDRESS	1010 N. GLEBE RD., Suite 800	
CITY-ST-ZIP	ARLINGTON, VA 22201	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/13/01

Date

703-236-1100

Daytime Phone #

THOMAS H. SULLIVAN, PRESIDENT

CR2E034 (10/00)