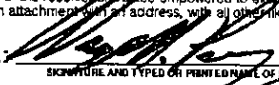


FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91087 040 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F98000001152						90054044	
1. Entity Name THC OF MELBOURNE, INC.							
Principal Place of Business 11400 SE 6TH STREET SUITE 100 BELLEVUE, WA 98004 US				Mailing Address 11400 SE 6TH STREET SUITE 100 BELLEVUE, WA 98004 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when certifying)							
DATE _____							
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees							
10. OFFICERS AND DIRECTORS							
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE DCEO ☒ Delete				TITLE D/CEO/P/COO ☒ Change ☒ Addition			
NAME VENTO, GERALD T				NAME Wayne Perry			
STREET ADDRESS 1010 N GLEBE ROAD, SUITE 800				STREET ADDRESS 11400 SE 6th Street, Ste 100			
CITY-ST-ZIP ARLINGTON, VA 22201				CITY-ST-ZIP Bellevue, WA 98004			
TITLE PTSD ☒ Delete				TITLE D/Sr. VP ☒ Change ☒ Addition			
NAME SULLIVAN, THOMAS H				NAME Don Adams			
STREET ADDRESS 1010 N GLEBE ROAD, SUITE 800				STREET ADDRESS 11400 SE 6th Street, Ste 100			
CITY-ST-ZIP ARLINGTON, VA 22201				CITY-ST-ZIP Bellevue, WA 98004			
TITLE ☐ Delete				TITLE VP/Secy ☒ Change ☒ Addition			
NAME				NAME Daria Pomeroy			
STREET ADDRESS				STREET ADDRESS 11400 SE 6th Street, Ste 100			
CITY-ST-ZIP				CITY-ST-ZIP Bellevue, WA 98004			
TITLE ☐ Delete				TITLE ☐ Change ☐ Addition			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE ☐ Delete				TITLE ☐ Change ☐ Addition			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
12. 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 10 or Block 11 if changed, or on an attachment given an address, with all other like empowered.							
SIGNATURE: 				Wayne Perry, CEO/Pres. 3/17/03			
SIGNATURE AND TYPED OR PRINTED NAME OF ENDING OFFICER OR DIRECTOR				Date Certificate #			