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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 25 1996 8:00 am  
Secretary of State

DOCUMENT # J47846 (7)

1. Corporation Name

MANAGED BEHAVIORAL HEALTHCARE, INC.

Principal Place of Business

2203 N. LOIS AVE.  
1150  
TAMPA FL 33607  
US

Mailing Address

4350 VON KARMAN AVE.  
280  
NEWPORT BEACH CA 92660  
US



3. Date Incorporated or Qualified

12/18/1986

3a. Date of Last Report

03/21/1995

2. Principal Place of Business

2a. Mailing Address

21 4200 W. Cypress

26 1111 Bayside Drive

4. FEI Number

59-2768210

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 300

27 Suite 100

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

City & State

City & State

23 Tampa, FLA

28 CORONA DEL MAR, CA

6. Election Campaign Financing

☐ \$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 33607

25 USA

29 92625

30 USA

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROWE, JAMES A  
2203 N. LOIS AVE.  
SUITE 1205  
TAMPA FL 33607

81 Name

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

4200 W. Cypress Suite 300

83

84 City Tampa

FL

85 Zip Code 33607

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and, if not applicable,

(1101) Registered Agent Signature required when re-stating

DATE:

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
HERSCH, RONALD G  
STREET ADDRESS 2203 N. LOIS AVE. #1150  
CITY-ST-ZIP TAMPA FL

TITLE ☒ DELETE

NAME VT  
FOLLMER, FRED  
STREET ADDRESS 16305 SWINGLEY RIDGE DRIVE  
CITY-ST-ZIP CHESTERFIELD MO

TITLE ☐ DELETE

NAME VSOT  
RUPPERT, KERRI  
STREET ADDRESS 4350 VON KARMAN AVE. #280  
CITY-ST-ZIP NEWPORT BEACH CA

TITLE ☐ DELETE

NAME C  
STREET, CHRISS W  
STREET ADDRESS 4350 VON KARMAN AVE. #280  
CITY-ST-ZIP NEWPORT BEACH CA

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 4200 W. Cypress Suite 300  
1.4 CITY-ST-ZIP Tampa, FLA 33607

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME VTD  
2.3 STREET ADDRESS Drew Q Miller  
1111 Bayside Drive Suite 100  
2.4 CITY-ST-ZIP CORONA DEL MAR, CA 92625

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS 1111 Bayside Drive Suite 100  
3.4 CITY-ST-ZIP CORONA DEL MAR, CA 92625

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS 1111 Bayside Drive Suite 100  
4.4 CITY-ST-ZIP CORONA DEL MAR, CA 92625

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

KERRI RUPPERT K. Ruppert SVP/CAD 2/29/96 (714) 222-2273

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)

4/25/96