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Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90144 044 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J47846

1. Corporation Name

MANAGED BEHAVIORAL HEALTHCARE, INC.

Principal Place of Business

4200 WEST CYPRESS  
SUITE 300  
TAMPA FL 33607  
US

Mailing Address

1111 BAYSIDE DRIVE  
SUITE 100  
CORONA DEL MAR CA 92625  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/18/1986

4. FEI Number

59-2768210

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 4200 W. Cypress

26 4200 W. Cypress

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 300

27 Suite 300

City & State

City & State

23 Tampa, Florida

28 Tampa, Florida 33607

Zip

Zip

24 33607

29

Country

Country

25 USA

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

83

84 City

FL

85 Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD  
NAME WATSON, COURTNEY  
STREET ADDRESS 1111 BAYSIDE DRIVE, SUITE 100  
CITY-ST-ZIP CORONA DEL MAR CA 92625 ☐ DELETE

1.1 TITLE S, D  
1.2 NAME Courtney E. Watson  
1.3 STREET ADDRESS 4200 W. Cypress, Suite 300  
1.4 CITY-ST-ZIP Tampa, Florida 33607 ☒ Change ☐ Addition

TITLE DCOO  
NAME JOHNSON, MARY JANE  
STREET ADDRESS 1111 BAYSIDE DRIVE, SUITE 100  
CITY-ST-ZIP CORONA DEL MAR CA 92625 ☐ DELETE

2.1 TITLE DCOO  
2.2 NAME Mary Jane Johnson  
2.3 STREET ADDRESS 4200 W. Cypress, Suite 300  
2.4 CITY-ST-ZIP Tampa, Florida 33607 ☒ Change ☐ Addition

TITLE C  
NAME STREET, CHRISS W  
STREET ADDRESS 1111 BAYSIDE DR., SUITE 100  
CITY-ST-ZIP CORONA DEL MAR CA 92625 ☐ DELETE

3.1 TITLE P D  
3.2 NAME Chriss W. Street  
3.3 STREET ADDRESS 4200 W. Cypress, Suite 300  
3.4 CITY-ST-ZIP Tampa, Florida 33607 ☒ Change ☐ Addition

TITLE T  
NAME POLLACK, CAROL R  
STREET ADDRESS 4200 WEST CYPRESS, SUITE 300  
CITY-ST-ZIP TAMPA FL 33607 ☒ DELETE

4.1 TITLE T  
4.2 NAME Robert J. Landis  
4.3 STREET ADDRESS 4200 W. Cypress, Suite 300  
4.4 CITY-ST-ZIP Tampa, Florida 33607 ☐ Change ☒ Addition

TITLE AS  
NAME DOLAN, TASHA  
STREET ADDRESS 4200 WEST CYPRESS, SUITE 300  
CITY-ST-ZIP TAMPA FL 33607 ☒ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert J. Landis 4/14/99 813-876 5036 X291