

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **J47846**

1. Entity Name

MANAGED BEHAVIORAL HEALTHCARE, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90034 001 ***300.00

Principal Place of Business

**4200 WEST CYPRESS
SUITE 300
TAMPA FL 33607
US**

Mailing Address

**1111 BAYSIDE DRIVE
SUITE 100
CORONA DEL MAR CA 92625-1704
US**

2. Principal Place of Business

3. Mailing Address

4200 W. Cypress

Suite, Apt. #, etc.

Suite 300

City & State

Tampa, FL

Zip

33607

Country

US



DO NOT WRITE IN THIS SPACE

City & State

Tampa, FL

Zip

33607

Country

US

4. FEI Number

59-2768210

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WATSON, COURTNEY	
STREET ADDRESS	4200 W. CYPRESS STE. 300	
CITY-ST-ZIP	TAMPA FL 92625	
TITLE	DCOO	<input type="checkbox"/> Delete
NAME	JOHNSON, MARY JANE	
STREET ADDRESS	4200 W. CYPRESS STE 300	
CITY-ST-ZIP	TAMPA FL 92625	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	STREET, CHRISS W	
STREET ADDRESS	4200 W. CYPRESS STE. 300	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	T	<input type="checkbox"/> Delete
NAME	LANDIS, ROBERT J	
STREET ADDRESS	4200 WEST CYPRESS, SUITE 300	
CITY-ST-ZIP	TAMPA FL 33607	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/D	<input checked="" 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	C/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cathy J. Welch	
STREET ADDRESS	4200 W. Cypress, Ste. 300	
CITY-ST-ZIP	Tampa, FL 33607	
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:

Cathy J. Welch **Cathy J. Welch** **4-14-00** **813-876-5036**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)