

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90075 017 \*\*\*150.00

**DOCUMENT # J47846**

Entity Name  
**MANAGED BEHAVIORAL HEALTHCARE, INC.**

Principal Place of Business

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

Mailing Address

**4200 W CYPRESS  
 STE 300  
 TAMPA FL 33607  
 US**

00029634



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**200 S. Hoover Blvd.**

Suite, Apt. #, etc.

**Suite 200**

**TAMPA, FL**

Zip

**33609**

Country

3. Mailing Address

**200 S. Hoover Blvd.**

Suite, Apt. #, etc.

**Suite 200**

**TAMPA, FL**

Zip

**33609**

Country

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

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

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, 2002 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

1. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	JOHNSON, MARY JANE	
STREET ADDRESS	4200 W. CYPRESS STE 300	
CITY-ST-ZIP	TAMPA FL 92625	
TITLE	CT	<input type="checkbox"/> Delete
NAME	LANDIS, ROBERT J	
STREET ADDRESS	4200 WEST CYPRESS, SUITE 300	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	VS	<input type="checkbox"/> Delete
NAME	WELCH, CATHY J	
STREET ADDRESS	4200 W CYPRESS STE 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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	200 S. Hoover Blvd., Suite 200
CITY-ST-ZIP	Tampa, FL 33609
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	200 S. Hoover Blvd., Suite 200
CITY-ST-ZIP	Tampa, FL 33609
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	200 S. Hoover Blvd., Suite 200
CITY-ST-ZIP	Tampa, FL 33609
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	

3. 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** 1-15-02 813-288-4808  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)