

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90228 001 ***300.00

DOCUMENT # J47846

1. Entity Name

MANAGED BEHAVIORAL HEALTHCARE, INC.



Principal Place of Business

200 SOUTH HOOVER BLVD
SUITE 200
TAMPA FL 33609
US

Mailing Address

200 SOUTH HOOVER BLVD
SUITE 200
TAMPA FL 33609
US



2. Principal Place of Business

204 South Hoover Blvd.

Suite, Apt. #, etc.

Suite 200

City & State

Tampa FL

Zip

33609

Country

3. Mailing Address

204 S. Hoover Blvd.

Suite, Apt. #, etc.

Suite 200

City & State

Tampa FL

Zip

33609

Country

1st MOORE

CR2E034 (10/04)

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. 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 signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME JOHNSON, MARY JANE
STREET ADDRESS 200 S HOOVER BLVD SUITE 200
CITY-ST-ZIP TAMPA FL 33609

TITLE CT ☐ Delete
NAME ROBERT, LANDIS J
STREET ADDRESS 200 S HOOVER BLVD SUITE 200
CITY-ST-ZIP TAMPA FL 33609

TITLE VS ☐ Delete
NAME WELCH, CATHY J
STREET ADDRESS 200 S HOOVER BLVD SUITE 200
CITY-ST-ZIP TAMPA FL 33609

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 204 S. Hoover Blvd., Ste. 200
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 204 S. Hoover Blvd., Ste. 200
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 204 S. Hoover Blvd., Ste. 200
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 with an address, with all other like empowered.

SIGNATURE:

Cathy J. Welch 3-16-05 813-288-4808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #