

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90426 010 ***150.00

DOCUMENT # J47846

1. Entity Name

MANAGED BEHAVIORAL HEALTHCARE, INC.



Principal Place of Business

**200 HOOVER BLVD
SUITE 200
TAMPA FL 33609
US**

Mailing Address

**200 HOOVER BLVD
SUITE 200
TAMPA FL 33609
US**

2. Principal Place of Business

200 South Hoover Blvd.
Suite, Apt. #, etc.

3. Mailing Address

200 S. Hoover Blvd.
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number

59-2768210

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 2003 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
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-03 *83-288-4808*

Date

Daytime Phone #

CR2E034 (10/02)