

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90039 005 \*\*\*150.00

DOCUMENT # J98943

1. Corporation Name

MERIT BEHAVIORAL CARE OF FLORIDA, INC.



Principal Place of Business

8000 GOVERNORS SQUARE BLVD.  
SUITE 305  
MIAMI LAKES FL 33016

Mailing Address

ATTN: MICHELLE ANCOSKY, D.O.  
BOX 209  
MACON GA 31202  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/27/1987

2. Principal Place of Business

2a. Mailing Address

21

26

6950 COLUMBIA GATEWAY DR

4. FEI Number

94-3056228

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

SUITE 1400

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

23

28

COLUMBIA MD

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24

Zip

25

Country

Zip

29

21046

30

USA

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
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	DVT	<input type="checkbox"/> DELETE
NAME	SANFORD, CHARLOTTE A.	
STREET ADDRESS	3414 PEACHTREE ROAD N.E., SUITE 1400	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	SURLES, RICHARD C.	
STREET ADDRESS	ONE MAYNARD DRIVE	
CITY-ST-ZIP	PARK RIDGE NJ 07656	
TITLE	DAS	<input type="checkbox"/> DELETE
NAME	BEDENBAUGH, JAMES R.	
STREET ADDRESS	3414 PEACHTREE ROAD N.E., SUITE 1400	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	FUZZELL, CHERIE	
STREET ADDRESS	3414 PEACHTREE ROAD N.E., SUITE 1400	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LAZAROFF, DENNIS J.	
STREET ADDRESS	13736 RIVERPORT DRIVE, STE 400	
CITY-ST-ZIP	MARYLAND HEIGHTS MO	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CUMMINGS, ANDREW M.	
STREET ADDRESS	ONE MAYNARD DRIVE	
CITY-ST-ZIP	PARK RIDGE NJ	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	AS
2.3 STREET ADDRESS	ANCOSKY, MICHELLE H.
2.4 CITY-ST-ZIP	3414 PEACHTREE ROAD, N.E., SUITE 1400 ATLANTA GA 30326
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	AS
4.3 STREET ADDRESS	LANG MARIAN
4.4 CITY-ST-ZIP	3414 PEACHTREE ROAD, NE, SUITE 1400 ATLANTA GA 30326
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SV
5.3 STREET ADDRESS	KOSTIN, JOEL
5.4 CITY-ST-ZIP	3000 AERIAL CENTER PARKWAY, SUITE 120 MORRISVILLE NC 27560
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	S
6.3 STREET ADDRESS	CUMMINGS, ANDREW M.
6.4 CITY-ST-ZIP	666 THIRD AVENUE - 6TH FLOOR NEW YORK NY 10017

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:

*Michelle H. Ancosky*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michelle H. Ancosky 4/7/99

(404)841-9200  
Daytime Phone #

CR2E034 (11/98)