

2001 UNIFORM BUSINESS REPORT (UBR)

0577105

DOCUMENT # J98943

1. Entity Name

MERIT BEHAVIORAL CARE OF FLORIDA, INC.

FILED

01 APR 30 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
8000 GOVERNORS SQUARE BLVD.
SUITE 305
MIAMI LAKES FL 33016

Mailing Address
6950 COLUMBIA GATEWAY DR
SUITE #1400
COLUMBIA MD 21046
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 94-3056228

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

CORPORATION SERVICE COMPANY
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, 2001 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 DVT
NAME SANFORD, CHARLOTTE A. 6666 Powers Ferry Rd
STREET ADDRESS 3414 PEACHTREE ROAD N.E., SUITE 1400
CITY-ST-ZIP ATLANTA GA 30326-30339 Ste 100

☐ Change ☐ Addition

TITLE AS
NAME ANCOSKY, MICHELLE H
STREET ADDRESS 3414 PEACHTREE RD, NE STE 32400
CITY-ST-ZIP ATLANTA GA 30326

☐ Change ☐ Addition

TITLE DAS
NAME BEDENBAUGH, JAMES R.
STREET ADDRESS 3414 PEACHTREE ROAD N.E., SUITE 1400
CITY-ST-ZIP ATLANTA GA 30326

☐ Change ☐ Addition

TITLE AS
NAME LANG, MARIAN
STREET ADDRESS 3924 PEACHTREE RD NE, STE #1400
CITY-ST-ZIP ATLANTA GA 30326

☐ Change ☐ Addition

TITLE V
NAME LAZAROFF, DENNIS J.
STREET ADDRESS 13736 RIVERPORT DRIVE, STE 400
CITY-ST-ZIP MARYLAND HEIGHTS MO

☐ Change ☐ Addition

TITLE S
NAME CUMMINGS, ANDREW M.
STREET ADDRESS 666 THIRD AVENUE 5TH FLOOR
CITY-ST-ZIP NEW YORK NY 10017

☐ Change ☐ Addition

TITLE VP & AS
NAME Mark S. Demilio
STREET ADDRESS 6950 Columbia Gateway Drive, Ste 400
CITY-ST-ZIP Columbia MD 21046

☐ Change ☐ Addition

100004090651-2

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark S. Demilio, Vice President 4/24/01

Date

Daytime Phone #

CR2E034 (10/00)

PAIC 2012



ACCOUNT NO. : 072100000032

REFERENCE : 131817 5028257

AUTHORIZATION :

COST LIMIT : \$ 150.00 *Patricia Pizub*

ORDER DATE : April 27, 2001

ORDER TIME : 9:49 AM

ORDER NO. : 131817-065

CUSTOMER NO: 5028257

CUSTOMER: Ms. Maria Ayub
Magellan Health Services, Inc.
6950 Columbia Gateway Drive
Suite 400
Columbia, MD 21046

ANNUAL REPORT FILING

NAME: MERIT BEHAVIORAL CARE OF
FLORIDA, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder - Ext. 1118

EXAMINER'S INITIALS:

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 APR 30 AM 10:43
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING