

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2002 8:00 am**  
**Secretary of State**

05-10-2002 90043 016 \*\*\*150.00

**DOCUMENT # J98943**

1. Entity Name  
**MERIT BEHAVIORAL CARE OF FLORIDA, INC.**

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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DVT** ☐ Delete  
 NAME **SANFORD, CHARLOTTE A.**  
 STREET ADDRESS **6666 POWERS FERRY ROAD, STE. 100**  
 CITY-ST-ZIP **ATLANTA GA 30339**

TITLE **President** ☐ Change ☒ Addition  
 NAME **Dennis P. Moody**  
 STREET ADDRESS **6950 Columbia Gateway Dr.**  
 CITY-ST-ZIP **Columbia, MD 21046**

TITLE **VPAS** ☐ Delete  
 NAME **DEMILIO, MARK S**  
 STREET ADDRESS **6950 COLUMBIA GATEWAY DRIVE, STE. 400**  
 CITY-ST-ZIP **COLUMBIA MD 21046**

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

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

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

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

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

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

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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**

**4/19/02**

Date

**410-953-1000**

Daytime Phone #

CR2E034 (9/01)