

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J98943

FILED
Apr 28, 2006
Secretary of State

Entity Name: MERIT BEHAVIORAL CARE OF FLORIDA, INC.

Current Principal Place of Business:

6950 COLUMBIA DR., STE 400
COLUMBIA, MD 21046

New Principal Place of Business:

Current Mailing Address:

6950 COLUMBIA GATEWAY DR
SUITE #1400
COLUMBIA, MD 21046 US

New Mailing Address:

FEI Number: 94-3056228 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D/P () Delete
Name: DEMILIO, MARK S
Address: 16 MUNSON ROAD
City-St-Zip: FARMINGTON, CT 06032

Title: AS () Delete
Name: MCQUILLEN, MICHAEL P
Address: 6950 COLUMBIA GATEWAY DRIVE, STE. 400
City-St-Zip: COLUMBIA, MD 21046

Title: T () Delete
Name: DEMILIO, MARK S
Address: 16 MUNSON ROAD
City-St-Zip: FARMINGTON, CT 06032

Title: VP/S () Delete
Name: CUMMINGS, ANDREW M
Address: 90 WILLIAM STREET, STE 1002
City-St-Zip: NEW YORK, NY 10038

Title: V () Delete
Name: LAZAROFF, DENNIS J.
Address: 14100 MAGELLAN PLAZA
City-St-Zip: MARYLAND HEIGHTS, MO 63043

Title: D () Delete
Name: LERER, RENE
Address: 16 MUNSON ROAD
City-St-Zip: FARMINGTON, CT 06032

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change () Addition
Name: DEMILIO, MARK S
Address: 55 NOD ROAD
City-St-Zip: AVON, CT 06001

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: DEMILIO, MARK S
Address: 55 NOD ROAD
City-St-Zip: AVON, CT 06001

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LERER, RENE
Address: 55 NOD ROAD
City-St-Zip: AVON, CT 06001

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK S. DEMILIO

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04/28/2006

Electronic Signature of Signing Officer or Director

_____ Date