

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90182 018 \*\*\*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  
**6950 Columbia Gateway Drive**

3. Mailing Address

Suite, Apt. #, etc.  
**Suite 400**

Suite, Apt. #, etc.

City & State  
**Columbia MD**

City & State

Zip  
**21046**

Country  
**USA**

Zip

Country

4. FEI Number **94-3056228**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

## 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. 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>DVT</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANFORD, CHARLOTTE A.</b>		NAME		
STREET ADDRESS	<b>6666 POWERS FERRY ROAD, STE. 100</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ATLANTA GA 30339</b>		CITY-ST-ZIP		
TITLE	<b>VPAS</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEMILIO, MARK S</b>		NAME		
STREET ADDRESS	<b>6950 COLUMBIA GATEWAY DRIVE, STE. 400</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>COLUMBIA MD 21046</b>		CITY-ST-ZIP		
TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOODY, DENNIS P</b>		NAME		
STREET ADDRESS	<b>6950 COLUMBIA GATEWAY DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>COLUMBIA MD 21046</b>		CITY-ST-ZIP		
TITLE	<b>S</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CUMMINGS, ANDREW M</b>		NAME		
STREET ADDRESS	<b>666 THIRD AVENUE 5TH FLOOR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NEW YORK NY 10017</b>		CITY-ST-ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAZAROFF, DENNIS J.</b>		NAME		
STREET ADDRESS	<b>13736 RIVERPORT DRIVE, STE 400</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MARYLAND HEIGHTS MO</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 REQUIRED**

**DENNIS MOODY**

**4/14/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)