

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L34862** (7)
1. Corporation Name
MENTAL HEALTHCARE AMERICA, INC.



Principal Place of Business C/O DONALD J. HEVEY 2846-A REMINGTON GREEN CIRCLE TALLAHASSEE FL 32308-1543	Mailing Address C/O DONALD J. HEVEY 2846-A REMINGTON GREEN CIRCLE TALLAHASSEE FL 32308-1543
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 12/06/1989	
4. FEI Number 59-2989294		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HEVEY, DONALD J. 2846-A REMINGTON GREEN CIRCLE TALLAHASSEE FL 32308				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
85 Zip Code				FL	

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	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HEVEY, DONALD J.		1.2 NAME				
STREET ADDRESS	2845A REMINGTON GREEN CR		1.3 STREET ADDRESS	2846-A Remington Green CR			
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP				
TITLE	SD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SMITH, MELVIN J.		2.2 NAME				
STREET ADDRESS	1820 SOUTH 25TH AVE		2.3 STREET ADDRESS				
CITY-ST-ZIP	BROADVIEW IL		2.4 CITY-ST-ZIP				
TITLE	CD	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	LAMSON, GARY		3.2 NAME				
STREET ADDRESS	671 HOES LANE		3.3 STREET ADDRESS	950 Cambridge Street			
CITY-ST-ZIP	PISCATAWAY NJ		3.4 CITY-ST-ZIP	Cambridge, Massachusetts 02141-1001			
TITLE	VCD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	RUSHING, SUSAN		4.2 NAME				
STREET ADDRESS	4101 S. MEDFORD DR.		4.3 STREET ADDRESS				
CITY-ST-ZIP	LUFKIN TX		4.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	THAYER, CHARLES		5.2 NAME	Secretary			
STREET ADDRESS	4334 SECOR ROAD		5.3 STREET ADDRESS				
CITY-ST-ZIP	TOLEDO OH		5.4 CITY-ST-ZIP				
TITLE	TD	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	TURNER, JESSE		6.2 NAME	Treasurer			
STREET ADDRESS	2 WHIPPLE PLACE STE 202		6.3 STREET ADDRESS	Harold C. Loewen			
CITY-ST-ZIP	LEBANON NH		6.4 CITY-ST-ZIP	330 Lakeview Drive			
				Goshen, Indiana 46527			

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.

SIGNATURE *Donald J. Hevey* *Donald J. Hevey* *4/22/98*

CR2E034 (10/97)