

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -1 AM 11:27

DOCUMENT # P26554

(6)

1. Corporation Name

MCC BEHAVIORAL CARE, INC.

Principal Place of Business

11095 VIKING DR STE 350
EDEN PRAIRIE MN 55344
US

Mailing Address

11095 VIKING DR STE 350
EDEN PRAIRIE MN 55344
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/23/1989

3a. Date of Last Report

04/12/1994

4. FEI Number

41-1048670

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
COHEN, JULIAN L.
11095 VIKING DRIVE, SUITE 350
EDEN PRAIRIE MN

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
Acting President
Jerrold A. Kreisler
11095 Viking Drive, Suite 350
Eden Prairie, MN 55433
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
KOPP, DAVID C.
60 PHEASANT HILL DRIVE
WEST HARTFORD CT

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
MARONIS, GAIL B
48 HONEY ST
ASHFORD CT

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
Treasurer
Stephen C. Stachelek
900 Cottage Grove Road
Bloomfield, CT 06002
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
ENGLISH, LAWRENCE P.
900 COTTAGE GROVE ROAD
BLOOMFIELD CT

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
DOERR, R. CHRIS
900 COTTAGE GROVE ROAD
BLOOMFIELD CT

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Susan S. Felts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SUSAN S. FELTS

1/13/95 (612) 996-2443

MCC Behavioral Care

January 23, 1995

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302

To Whom It May Concern:

Enclosed please find the payment for MCC Behavioral Care, Inc.'s annual filing fee for 1995.

If you have any questions, please do not hesitate to let me know.

Sincerely,



Christine G. Martin
Legal Resources Department

Enclosure