FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P95000015745 (9)**

1. Corporation Name
MATHAR BEHAVIORAL HEALTH SYSTEMS, INC.

Principal Place of Business
3100 OLD ORCHARD ROAD
DAVIE FL 33328

Mailing Address
3100 OLD ORCHARD ROAD
DAVIE FL 33328

3. Date Incorporated or Qualified: 02/24/1995
3a. Date of Last Report:

2. Principal Place of Business
21 300 NW 70TH AVENUE
Suite, Apt. #, etc.
22 SUITE 200
City & State
23 PLANTATION, FL
Zip 24 33317
Country 25 BROWARD

2a. Mailing Address
26 300 NW 70TH AVENUE
Suite, Apt. #, etc.
27 SUITE 200
City & State
28 PLANTATION, FL
Zip 29 33317
Country 30 BROWARD

4. FEI Number: 65-0559550 — 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

9. Name and Address of Current Registered Agent
HARSHMAN, RONALD C
3100 OLD ORCHARD ROAD
DAVIE FL 33328

10. Name and Address of New Registered Agent
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 Individual Adopting Amendment) (NOTE: Registered Agent signature required if filing) DATE

CR2E034 (12/95)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	P/T/S/D ☒ Change ☐ Addition
NAME	HARSHMAN, RONALD D	1.2 NAME	HARSHMAN, RONALD C
STREET ADDRESS	3100 OLD ORCHARD ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33328	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	D ☐ Change ☒ Addition
NAME		2.2 NAME	HARSHMAN, HELENE G
STREET ADDRESS		2.3 STREET ADDRESS	3100 OLD ORCHARD ROAD
CITY-ST-ZIP		2.4 CITY-ST-ZIP	DAVIE, FL 33328
TITLE	☐ DELETE	3.1 TITLE	D ☐ Change ☒ Addition
NAME		3.2 NAME	TINSKY, DENNIS S
STREET ADDRESS		3.3 STREET ADDRESS	4000 ISLAND BLVD
CITY-ST-ZIP		3.4 CITY-ST-ZIP	WILLIAMS ISLAND, FL 33160
TITLE	☐ DELETE	4.1 TITLE	D ☐ Change ☒ Addition
NAME		4.2 NAME	KOMRAD, EUGENE
STREET ADDRESS		4.3 STREET ADDRESS	5720 MAGGIORE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	☐ DELETE	5.1 TITLE	ASSISTANT TREASURER ☐ Change ☒ Addition
NAME		5.2 NAME	KAPLAN, JAMES M
STREET ADDRESS		5.3 STREET ADDRESS	8621 NW 54TH STREET
CITY-ST-ZIP		5.4 CITY-ST-ZIP	LAUDERHILL, FL 33351
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 4/26/96 — Daytime Phone # 954-581-1044