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
22 Suite, Apt. #, etc. SUITE 200
23 City & State PLANTATION, FL
24 Zip 33317
25 Country BROWARD

2a. Mailing Address
26 300 NW 70TH AVENUE
27 Suite, Apt. #, etc. SUITE 200
28 City & State PLANTATION, FL
29 Zip 33317
30 Country 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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	HARSHMAN, RONALD D	
STREET ADDRESS	3100 OLD ORCHARD ROAD	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
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CITY-ST-ZIP		
TITLE		☐ DELETE
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STREET ADDRESS		
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TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/T/S/D	☒ Change ☐ Addition
1.2 NAME	HARSHMAN, RONALD C	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	HARSHMAN, HELENE G	
2.3 STREET ADDRESS	3100 OLD ORCHARD ROAD	
2.4 CITY-ST-ZIP	DAVIE, FL 33328	
3.1 TITLE	D	☐ Change ☒ Addition
3.2 NAME	TINSKY, DENNIS S	
3.3 STREET ADDRESS	4000 ISLAND BLVD	
3.4 CITY-ST-ZIP	WILLIAMS ISLAND, FL 33160	
4.1 TITLE	D	☐ Change ☒ Addition
4.2 NAME	KOMRAD, EUGENE	
4.3 STREET ADDRESS	5720 MAGGIORE	
4.4 CITY-ST-ZIP	CORAL GABLES, FL 33146	
5.1 TITLE	ASSISTANT TREASURER	☐ Change ☒ Addition
5.2 NAME	KAPLAN, JAMES M	
5.3 STREET ADDRESS	8621 NW 54TH STREET	
5.4 CITY-ST-ZIP	LAUDERHILL, FL 33351	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: ______ 4/26/96 954-581-1044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)