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FILED  
May 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

300 N.W. 70TH AVENUE  
SUITE 200  
PLANTATION FL 33317

Mailing Address

300 N.W. 70TH AVENUE  
SUITE 200  
PLANTATION FL 33317-2367

3. Date Incorporated or Qualified  
02/24/1995

3a. Date of Last Report  
05/01/1996

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 3100 OLD ORCHARD RD

27 City & State

28 DAVIE FL

29 33328

Country

30 USA

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 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTSD ☐ DELETE

NAME HARSHMAN, RONALD C  
STREET ADDRESS 3100 OLD ORCHARD ROAD  
CITY- ST- ZIP DAVIE FL 33328

TITLE PTSD ☐ DELETE

NAME HARSHMAN, HELENE G  
STREET ADDRESS 3100 OLD ORCHARD ROAD  
CITY- ST- ZIP DAVIE FL 33328

TITLE D ☒ DELETE

NAME TINSKY, DENNIS S  
STREET ADDRESS 4000 ISLAND BLVD.  
CITY- ST- ZIP WILLIAMS FL 33160

TITLE D ☒ DELETE

NAME KOMRAD, EUGENE  
STREET ADDRESS 5720 MAGGIORE  
CITY- ST- ZIP CORAL GABLES FL 33148

TITLE AT ☐ DELETE

NAME KAPLAN, JAMES M  
STREET ADDRESS 8621 NW 54TH STREET  
CITY- ST- ZIP LAUDERHILL FL 33351

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0277893

CR2E034 (9/96)