

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000051010

Entity Name

LIBERTY BEHAVIORAL MANAGEMENT OF FLORIDA, INC.

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90076 001 \*\*\*300.00

Principal Place of Business SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Mailing Address 57 RIVER STREET SUITE 301 WELLESLEY MA 02481-2006 US
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Principal Place of Business 57 River Street Suite, Apt. #, etc. Suite 301 City & State Wellesley, MA Zip 02481	3. Mailing Address Suite, Apt. #, etc. City & State Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0600079	Applied For Not Applicable
5. Certificate of Status Desired 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD HARTIGAN, WILLIAM J 19 SPEAR ROAD, SUITE 316 RAMSEY NJ 01760	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Ramsey, NJ 07446	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VSD EUSTIS, ROBERT D 57 RIVER STREET, SUITE 301 WELLESLEY MA 02181	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Wellesley, MA 02481	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VT JACOBS, FREDERIC H. ONE APPLE HILL - SUITE 316 MATICK MA 01760	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP V 10 Hammond Pond Parkway Chestnut Hill, MA 02467	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP VVT Gay Hartigan 19 Spear Road, Suite 305 Ramsey, NJ 07446	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP VT Paul F. Falvey 57 River Street Wellesley, MA 02481	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert D. Eustis Date: 2/10/00 (781) 237-3030  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)