

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P36350

1. Entity Name

**MERIT BEHAVIORAL CARE SYSTEMS CORPORATION**

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90113 010 \*\*\*150.00

Principal Place of Business

Mailing Address

13736 RIVERPORT DRIVE  
 400  
 MARYLAND HEIGHTS MO 63043  
 US

6950 COLUMBIA GATEWAY DR  
 SUITE #400  
 COLUMBIA MD 21046-2706  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**34-1559960**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

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

Signature, typed or printed name of registered agent and title if applicable

(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)

**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.

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME **DVT**  
 STREET ADDRESS **SANFORD, CHARLOTTE A.**  
 CITY-ST-ZIP **3414 PEACHTREE ROAD N.E., SUITE 1400**  
**ATLANTA GA 30326**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **3500 Piedmont Road, NE, Suite 715**  
 CITY-ST-ZIP **Atlanta, GA 30305**

TITLE  Delete  
 NAME **P**  
 STREET ADDRESS **BAYER, GREG**  
 CITY-ST-ZIP **10150 S CENTENNIAL PKWY**  
**SANDY UT 84070**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **13736 Riverport Drive**  
 CITY-ST-ZIP **Maryland Heights, MO 63403**

TITLE  Delete  
 NAME **DAS**  
 STREET ADDRESS **BEDENBAUGH, JAMES R.**  
 CITY-ST-ZIP **3414 PEACHTREE ROAD N.E., SUITE 1400**  
**ATLANTA GA 30326**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **3500 Piedmont Road, NE, Suite 715**  
 CITY-ST-ZIP **Atlanta, GA 30305**

TITLE  Delete  
 NAME **AS**  
 STREET ADDRESS **ANCOSKY, MICHELLE H**  
 CITY-ST-ZIP **3414 PEACHTREE RD NE, STE #1400**  
**ATLANTA GA 30326**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **V**  
 STREET ADDRESS **LAZAROFF, DENNIS J.**  
 CITY-ST-ZIP **13736 RIVERPORT DRIVE, SUITE 400**  
**MARYLAND HEIGHTS MO 63043**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SVS**  
 STREET ADDRESS **CUMMINGS, ANDREW M.**  
 CITY-ST-ZIP **666 THIRD AVE, 5TH FLOOR**  
**NEW YORK NY 10017**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **666 Third Avenue, 31st Floor**  
 CITY-ST-ZIP

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:

*Charlotte Sanford*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/00  
 Date

Daytime Phone #

CR2E034 (9/99)