FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 FEB -1 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 704369 (8)

1. Corporation Name
MENTAL HEALTH CARE, INC.

Principal Place of Business	Mailing Address
5707 N. 22ND ST. TAMPA FL 33610	5707 N. 22ND ST. TAMPA FL 33610

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/11/1948
3a. Date of Last Report: 02/11/1994
4. FEI Number: 59-0747306 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ✓ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

PIZZO, PAUL R ESQUIRE
501 EAST KENNEDY BLVD.
SUITE 1700
TAMPA FL 33602

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

100001401651
-02/09/95--01053--009
*****140.00 *****70.00

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PD~~	1.1 TITLE	D ☒ Change ☐ Addition
NAME	MCINTOSH, DOLORES	1.2 NAME	Mrs. Dolores McIntosh
STREET ADDRESS	901 E. KENNEDY BLVD.	1.3 STREET ADDRESS	901 E. Kennedy Blvd.
CITY-ST-ZIP	TAMPA FL 33601	1.4 CITY-ST-ZIP	Tampa, FL 33601
TITLE	D	2.1 TITLE	D ☐ Change ☒ Addition
NAME	~~PELLEGRINO, DONALD~~	2.2 NAME	Lt. Col. USAF (Ret) Robert Choate
STREET ADDRESS	~~721 ARGYLE PL~~	2.3 STREET ADDRESS	2405 Carolina Avenue
CITY-ST-ZIP	~~TAMPA FL 33617~~	2.4 CITY-ST-ZIP	Tampa, FL 33629
TITLE	D	3.1 TITLE	PD ☒ Change ☐ Addition
NAME	MELLAN, BILL	3.2 NAME	Dr. Bill Mellan
STREET ADDRESS	P.O. BOX 31127 N/A	3.3 STREET ADDRESS	P.O. Box 31127 N/A
CITY-ST-ZIP	TAMPA FL 33631	3.4 CITY-ST-ZIP	Tampa, FL 33631
TITLE	D	4.1 TITLE	D ☐ Change ☒ Addition
NAME	~~PARSONS, SALLY~~	4.2 NAME	Mrs. Edna Elliot
STREET ADDRESS	~~900 DRUCE ST.~~	4.3 STREET ADDRESS	111 S. Boulevard
CITY-ST-ZIP	~~TAMPA FL 33606~~	4.4 CITY-ST-ZIP	Tampa, FL 33606
TITLE		5.1 TITLE	D ☐ Change ☒ Addition
NAME		5.2 NAME	Ms. Barbara Boggs
STREET ADDRESS		5.3 STREET ADDRESS	7701 Taliaferro
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Tampa, FL 33604
TITLE		6.1 TITLE	D ☐ Change ☒ Addition
NAME		6.2 NAME	Mr. Dale Howard
STREET ADDRESS		6.3 STREET ADDRESS	1905 W. Baker Street #2
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Plant City, FL 33567

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

SIGNATURE: Wayne A. Mellan 1/25/95 (813) 237-3914
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #
Dr. Bill Mellan, Chairperson of the Board

0053048