

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
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

5707 N. 22ND ST.
TAMPA FL 33610

Mailing Address

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



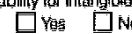
\$5.00 May Be
Added to Fees

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

10. Name and Address of New Registered Agent

100001401651
-02/09/95--01053--009
***140.00 ***26.00
FL

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 officer 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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

~~PD~~
MCINTOSH, DOLORES
901 E. KENNEDY BLVD.
TAMPA FL 33601

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
~~PELEGRINO, DONALD~~
~~721 ARDYLE PL~~
~~TAMPA FL 33617~~

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
MELLAN, BILL
P.O. BOX 31127 N/A
TAMPA FL 33631

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
~~PARSONS, GALLY~~
~~800 BRUCE ST~~
~~TAMPA FL 33606~~

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
Mr. Dale Howard
1905 W. Baker Street #2
Plant City, FL 33567

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

D ☒ Change ☐ Addition
Mrs. Dolores McIntosh
901 E. Kennedy Blvd.
Tampa, FL 33601

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

D ☐ Change ☒ Addition
Lt. Col. USAF (Ret.) Robert Choate
2405 Carolina Avenue
Tampa, FL 33629

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

PD ☒ Change ☐ Addition
Dr. Bill Mellan
P.O. Box 31127 N/A
Tampa, FL 33631

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

D ☐ Change ☒ Addition
Mrs. Edna Elliot
111 S. Boulevard
Tampa, FL 33606

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

D ☐ Change ☒ Addition
Ms. Barbara Boggs
7701 Tallferro
Tampa, FL 33604

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D ☐ Change ☒ Addition
Mr. Dale Howard
1905 W. Baker Street #2
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 110.07(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 617, 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

Dr. Bill Mellan, Chairperson of the Board

1/23/95

(813) 237-3914

(Signature) Name