FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State
03-09-1999 90124 023 ****70.00

0050231

DOCUMENT # 704369

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
Zip 25 Country

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
06/11/1948

4. FEI Number
59-0747306
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 ~~D~~	☑ DELETE	1.1 TITLE	☐ Change ☐ Addition
~~PARSONS, SALLY~~		1.2 NAME	
ADDRESS ~~0084 BRUCE ST~~		1.3 STREET ADDRESS	
ST-ZIP ~~TAMPA FL~~		1.4 CITY-ST-ZIP	
PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
MELLAN, WILLIAM A		2.2 NAME	
ADDRESS 5707 N 22ND ST		2.3 STREET ADDRESS	
ST-ZIP TAMPA FL		2.4 CITY-ST-ZIP	
D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
BALLAS, EDWARD		3.2 NAME	
ADDRESS 2506 LANCER DR		3.3 STREET ADDRESS	
ST-ZIP TAMPA FL		3.4 CITY-ST-ZIP	
PD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
GILLETTE, DONALD		4.2 NAME	
ADDRESS 1006 N ARMENIA AVENUE		4.3 STREET ADDRESS	
ST-ZIP TAMPA FL		4.4 CITY-ST-ZIP	
D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
GOULD, ZOE		5.2 NAME	
ADDRESS 5010 BAYSHORE BLVD		5.3 STREET ADDRESS	
ST-ZIP TAMPA FL		5.4 CITY-ST-ZIP	
	☐ DELETE	6.1 TITLE D	☐ Change ☑ Addition
		6.2 NAME ROGERS, JOHN	
ADDRESS		6.3 STREET ADDRESS 5707 N. 22ND ST	
ST-ZIP		6.4 CITY-ST-ZIP TAMPA, FL.	

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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED (913) 272-2244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CHAIRPERSON:

CR2E037 (11/98)