

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90088 036 ****70.00

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02272006 Chg-NP CR2E037 (11/05)

DOCUMENT # 704369 1. Entity 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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-0747306	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PIZZO, PAUL R ESQUIRE 501 EAST KENNEDY BLVD. SUITE 1700 TAMPA, FL 33602				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALLAS, EDWARD 2506 LANCER DR TAMPA, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAFI, JEANETTE 5707 N. 22ND ST. TAMPA, FL 33610	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHOATE, ROBERT 5707 N 22ND ST TAMPA, FL 33610	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, ANDREW 5707 N. 22ND ST. TAMPA, FL 33610	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCINTOSH, DOLORES 5707 N 22ND ST TAMPA, FL 33610	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, GUY III 5707 N. 22ND ST. TAMPA, FL 33610	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PEREZ, FRANK 5707 N 22ND ST TAMPA, FL 33610	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWMAN, MAGGIE 5707 N. 22ND ST. TAMPA, FL 33610	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOULD, ZOE 5707 N 22ND ST TAMPA, FL 33610	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIOTT, EDNA 5707 N 22ND ST TAMPA, FL 33610	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: 2/28/06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					