

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90027 002 ****70.00

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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-0747306	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
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, 2008		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 12382 143RD ST LARGO, FL 33774	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, GUY 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 KEN WALTERS 5707 N 22ND ST TAMPA, FL 33610	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, ANDREW 308 SOUTH BLVD TAMPA, FL 33606	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	☐ 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	_____ _____ _____	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWMAN, MAGGIE 110 MARTINIQUE AVE TAMPA, FL 33606	☒ 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			02-12-08 Date		813-272-2244 Daytime Phone #