2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2010
Secretary of State

DOCUMENT# 704369

Entity Name: MENTAL HEALTH CARE, INC.

Current Principal Place of Business:

5707 N. 22ND ST.
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

5707 N. 22ND ST.
TAMPA, FL 33610

New Mailing Address:

FEI Number: 59-0747306 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: MR.
Name: KING, GUY III
Address: PO BOX 373
City-St-Zip: TAMPA, FL 33601

Title: MR.
Name: CHOATE, ROBERT
Address: 5707 N 22ND ST
City-St-Zip: TAMPA, FL 33610

Title: MR.
Name: COHEN, ANDREW
Address: 308 SOUTH BLVD
City-St-Zip: TAMPA, FL 33606

Title: MR.
Name: PEREZ, FRANK JR.
Address: 5707 N 22ND ST
City-St-Zip: TAMPA, FL 33610

Title: MR.
Name: HUNTER, DAVE
Address: 5707 N. 22ND STREET
City-St-Zip: TAMPA, FL 33610

Title: MS.
Name: BRENDA, GEOGHAGAN
Address: 5707 N 22ND ST
City-St-Zip: TAMPA, FL 33610

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN WELCH CFO 03/01/2010

Electronic Signature of Signing Officer or Director — Date