

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704369

FILED
Jan 09, 2012
Secretary of State

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: RUTHERFORD, JOSEPH
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: ARTHUR, DOUG
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: MR.
Name: BALLAS, ED
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: JOSEPH RUTHERFORD

CEO

01/09/2012

Electronic Signature of Signing Officer or Director

Date