2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2011
Secretary of State

DOCUMENT# 739141

Entity Name: MENTAL HEALTH RESOURCE CENTER, INC.

Current Principal Place of Business:

10550 DEERWOOD PARK BOULEVARD
SUITE 600
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 19249
JACKSONVILLE, FL 322459249 US

New Mailing Address:

FEI Number: 59-1905344 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SOMMERS, ROBERT PH.D.
10550 DEERWOOD PARK BOULEVARD
SUITE 600
JACKSONVILLE, FL 32256 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: DVC
Name: OWEN, GEORGE
Address: 51 WEST BAY STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: DT
Name: BASS, ROBIN
Address: 4115 ALHAMBRA DRIVE WEST
City-St-Zip: JACKSONVILLE, FL 32207

Title: DS
Name: JARRETT, MARY
Address: 1633 RIVERSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 32204

Title: DP
Name: SOMMERS, ROBERT
Address: 10550 DEERWOOD PARK BLVD., SUITE 600
City-St-Zip: JACKSONVILLE, FL 32256

Title: DC
Name: BREW, RICHARD
Address: 10739 DEERWOOD PARK BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: D
Name: JOHNSON, HENRY
Address: 8933 ELIZABETH FALLS DRIVE
City-St-Zip: JACKSONVILLE, FL 32257

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: ROBERT SOMMERS DP 01/05/2011

Electronic Signature of Signing Officer or Director Date