

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 APR -3 PM 6:08**

**DOCUMENT # 758612 (6)**

1. Corporation Name

**DIRECTIONS FOR MENTAL HEALTH, INC.**

Principal Place of Business

Mailing Address

1437 SOUTH BELCHER ROAD  
SUITE 200  
CLEARWATER FL 34624-9829

1437 SOUTH BELCHER ROAD  
SUITE 200  
CLEARWATER FL 34624-9829

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/03/1981</b>	3a. Date of Last Report <b>03/15/1994</b>
4. FEI Number <b>59-2092715</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> <b>\$68.75 Supplemental Fee Not Required</b>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
Country	Country
24	29
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOLMES, GERALDINE A.  
1437 S BELCHER RD #200  
CLEARWATER, FL  
34624**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEISNER, CARL E. PH.D.</b>	1.2 NAME	<b>CRAIG S. PHILLIPS</b>
STREET ADDRESS	<b>7 MARINA TERRACE</b>	1.3 STREET ADDRESS	<b>3716 MC KAY CREEK DRIVE</b>
CITY-ST-ZIP	<b>TREASURE ISLAND FL</b>	1.4 CITY-ST-ZIP	<b>LARGO, FL 34640</b>
TITLE	<b>PD</b>	2.1 TITLE	<b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BASKIN, HAMDEN H. I</b>	2.2 NAME	<b>JUDY YATES, ED.D.</b>
STREET ADDRESS	<b>516 NORTH FORT HARRISON AVENUE</b>	2.3 STREET ADDRESS	<b>12175 - 125 STREET NORTH</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>	2.4 CITY-ST-ZIP	<b>LARGO, FL 34644</b>
TITLE	<b>PD</b>	3.1 TITLE	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BASKIN, HAMDEN H. III</b>	3.2 NAME	<b>ELIZABETH E. MC MAHON</b>
STREET ADDRESS	<b>516 N. FT. HARRISON AVE.</b>	3.3 STREET ADDRESS	<b>737 SPENCER AVENUE SOUTH</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>	3.4 CITY-ST-ZIP	<b>CLEARWATER, FL 34616</b>
TITLE	<b>D</b>	4.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERRINGTON, NEVIS</b>	4.2 NAME	<b>JERRY DICKMAN</b>
STREET ADDRESS	<b>421 HARBOR DR., S.</b>	4.3 STREET ADDRESS	<b>601 CLEVELAND STREET - SUITE 900</b>
CITY-ST-ZIP	<b>INDIAN ROCKS BCH. FL</b>	4.4 CITY-ST-ZIP	<b>CLEARWATER, FL 34615</b>
TITLE		5.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<b>NEVIS HERRINGTON</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>7474 DREW OAKS DRIVE</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>SEMINOLE, FL 34642</b>
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information provided with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included on the annual report or supplemental annual 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 incorporator or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addendum.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**CRAIG S. PHILLIPS**

3/24/95

(813) 536-5950

CORPORATION ANNUAL REPORT - 1995

758612

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DIRECTIONS FOR MENTAL HEALTH, INC.

13.

D  
PEGGY A. SLATER  
1793 INDIAN ROCKS ROAD  
LARGO, FL 34644

D  
WARREN A. STURGIS  
576 LILLIAN DRIVE  
MADEIRA BEACH, FL 33708