


FILE NOW: FILING FEE IS \$61.25

FILED  
May 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 758612 (6)**

1. Corporation Name  
**DIRECTIONS FOR MENTAL HEALTH, INC.**



Principal Place of Business <b>1437 SOUTH BELCHER ROAD CLEARWATER FL 34624-9829 US</b>	Mailing Address <b>1437 SOUTH BELCHER ROAD CLEARWATER FL 34624-9829 US</b>
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3. Date Incorporated or Qualified <b>06/03/1981</b>		
4. FEI Number <b>59-2092715</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input 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 33764 Country	28. Zip 33764 Country
24. Zip 33764	25. Country
29. Zip 33764	30. Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name  
**R. Thomas Riggs**

82. Street Address (P.O. Box Number is Not Acceptable)  
**1437 So. Belcher Rd.**

83. City  
**Clearwater**

84. City  
**Clearwater**

85. Zip Code  
**FL 33764**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *R. Thomas Riggs, CEO* DATE **4/30/98**

12. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	NAME <b>PHILLIPS, CRAIG S</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>3716 MC KAY CREEK DRIEV</b>	CITY-ST-ZIP <b>LARGO FL</b>	
TITLE <b>VD</b>	NAME <b>YATES, JUDY E</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>12175 - 125 STREET NORTH</b>	CITY-ST-ZIP <b>LARGO FL</b>	
TITLE <b>TD</b>	NAME <b>JACKSON, ROBERT H</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>2560 GULF-TO-BAY BLVD SUITE 200</b>	CITY-ST-ZIP <b>CLEARWATER FL</b>	
TITLE <b>SD</b>	NAME <b>DICKMAN, JERRY</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>601 CLEVELAND STREET, SUITE 900</b>	CITY-ST-ZIP <b>CLEARWATER FL</b>	
TITLE <b>D</b>	NAME <b>HERRINGTON, NEVIS</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>7474 DREW OAKS DRIVE</b>	CITY-ST-ZIP <b>SEMINOLE FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>Sullivan, Chuck A.</b>	
1.3 STREET ADDRESS <b>311 S. Missouri Ave.</b>	
1.4 CITY-ST-ZIP <b>Clearwater, FL</b>	
2.1 TITLE <b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>Meisner, Dr. Carl E.</b>	
2.3 STREET ADDRESS <b>7 Marina Terrace</b>	
2.4 CITY-ST-ZIP <b>Treasure Island, FL</b>	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 receiver 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 address.

SIGNATURE: *Jerry Dickman* DATE: **4/30/98**

CR2E037 (10/97)