FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # 758612

DIRECTIONS FOR MENTAL HEALTH, INC.

Principal Place of Business 1437 SOUTH BELCHER ROAD

1. Corporation Name

Mailing Address

1437 SOUTH BELCHER ROAD CLEARWATER FL 33764 1437 SOUTH BELCHER ROAD CLEARWATER FL 33764

US

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90099 036 ****70.00

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2. Principal Place of Business				2a. Mailing Address					3. Date Incorporated or Qualifed				
21				26					06/03/1981				
Suite, Apt. #, etc.				Suite, Apt. #, etc.					4. FEI Number			Applied F	or
22				27					59-2092715			Not Appli	cable
City & State				City & State					5. Certifcate of Status Desired	0	•	Addition	
23			28									Required	
Zip		Country	Щ	Zip	_	Country	У		6. Election Campaign Financing			0 мау Е	
24		25	29	9 30				Trust Fund Contribution Added to Fe					5
	9. Name	and Address of Current	Regis	stered A	gent				10. Name and Address of New F	legistered .	Agent		
					•	81	l Na	ıme					
RIGGS, R	Т					82	Str	eet Add	dress (P.O. Box Number is Not Accepta	ble)			
	ELCHER RD	,											
	TER FL 33					83	3						
OLEARNA	HER FE 33	· VT					1 0				85 Zi	p Code	
						84	Cit	ıy		FL	. 65 21	p Code	
11. Pursuant	to the provis	ions of Sections 617.0502	and 6	317.1508	3. Florida Statutes	the abov	/e-nai	med cor	poration submits this statement for the	purpose of	changing	its regist	ered
office or i	registered ag	ent, or both in the State	f Flori	da. Suci	change was aut	horized by	the o	corporat	tion's board of directors. I hereby accep	t the appoi	ntment as	registere	d
agent. I a	ım tamiliar wi	th, and acceptine poliga	ions of	r, Section	n 017.0503, Florio 7	ia Statute:	<i>(</i>)	_	2 F A	2/2	1/09	•	
SIGNATURE	Name to the second		13	≱ applicab	NOTE: B	tegistered Age		99	red when reinstating)	DATE	771	<u> </u>	_
12.	olgnature, typed	or printed name of registered ages			_	13.	aigit	F	ADDITIONS/CHANGES TO OF	FICERS AN	D DIREC	TORS IN	12
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	VD	OTHIOK A				1.2 NAME						_	
NAME	1	, CHUCK A											
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CITY-ST-ZIP	CLEARWA	ILK FL			☐ DELETE	1.4 CITY-S					☐ Chang	е П.	Addition
TITLE	SD				CT DEFE :	2.1 TITLE					C Griding	ريا ∼	-Juniori
NAME	4	CARL E DR				2.2 NAME							
STREET ADDRESS	1	1			_	2.3 STREE	ET ADDF	RESS	., * = ~	_			بو
CITY-ST-ZIP	TREASUR	E ISLAND FL				2. 4 CITY-							A delitic :-
TITLE	TD				☐ DELETE	3.1 TITLE		- 1			Chang	e 🗀	Addition
NAME	JACKSON	, robert h				3.2 NAME							
STREET ADDRESS		F-TO-BAY BLVD SUITE	200			3.3 STREE	ET ADOI	RESS					
CITY-ST-ZIP	CLEARWA					3.4. CITY-	ST-ZIP						
TITLE	PD				☐ DELETE	4.1 TITLE		T			Chang	je 🔲	Addition
NAME	DICKMAN	JERRY				4. 2 NAME	=	ĺ					
STREET ADDRESS		ELAND STREET, SUITE	900			4.3 STREE	ET ADDF	RESS	•				
CITY-ST-ZIP	CLEARWA					4.4 C(TY-	ST-ZIP						
TITLE	D	11 to 1 1 to			☐ DELETE	5.1 TITLE					☐ Chang	je 🗀	Addition
NAME		TON NEWS				5.2 NAME							
STREET ADDRESS		TON, NEVIS				5.3 STREE	ETADD	RESS					
		W OAKS DRIVE				5.4 CITY-1							
CITY-ST-ZIP TITLE	SEMINOLI	<u> </u>		_	☐ DELETE	6.1 TITLE		+-			[] Chang	je 🗍	Addition
						6.2 NAME							
NAME						6.3 STREE		DE66					
STREET ADDRESS	·[NESS					
OCT / OT TIP	1					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 attactment with an address, with all other like empowered.

SIGNATURE:

GNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-99

Daytime Phone #

CR2E037 711/6