

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

0043493

04-11-2002 90035 030 \*\*\*\*70.00

**DOCUMENT # 758612**  
 1. Entity Name  
**DIRECTIONS FOR MENTAL HEALTH, INC.**

Principal Place of Business 1437 SOUTH BELCHER ROAD CLEARWATER FL 33764 US	Mailing Address 1437 SOUTH BELCHER ROAD CLEARWATER FL 33764 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-2092715</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**RIGGS, R T**  
**1437 S BELCHER RD**  
**CLEARWATER FL 33764**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

8. 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. SULLIVAN, CHUCK A 311 S MISSOURI AVE CLEARWATER FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PHILLIPS, CRAIG 611 DRUID ROAD SUITE 707 CLEARWATER FL 33758	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JACKSON, ROBERT H 2560 GULF-TO-BAY BLVD SUITE 200 CLEARWATER FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DICKMAN, JERRY 601 CLEVELAND STREET, SUITE 900 CLEARWATER FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRINGTON, NEVIS 7474 DREW OAKS DRIVE SEMINOLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MACARIO, SARAH 1546 MAIN STREET DUNEDIN FL 34698	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Phillips, Craig	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowers.

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/29/02** Daytime Phone # **(727) 524-4464**

CR2E037 (9/01)

# Attachment # 758612

Directions for Mental Health, Inc.

## Block #11 (Continued) Additional Directors/Trustees of the Corporation

S/D

Banks, Lloyd  
3733 Mckay Creek Dr.  
Largo, FL 33770

D

Breland, Eleanor  
Human Relations Director  
City of Clearwater  
P.O. Box 4748  
Clearwater, FL 33758-4748

D

Devine, Mary  
CMSA Advertising  
635 Court Street  
Clearwater, FL 33756

D

Hall, Racine  
Peoples Bank  
1680 Gulf to Bay Blvd.  
Clearwater, FL 33755-6423

D

Hilsky, Robert  
123 Oakwood Drive  
Largo, FL 33770

D

Horne, Bill  
City Manager  
City of Clearwater  
112 S. Osceola Ave.  
Clearwater, FL 33756

D

Kirby, Don  
Florin, Roebig & Walker, P.A.  
777 Alderman Road  
Palm Harbor, FL 34683

D

Sturgis, Warren  
576 Lillian Drive  
Madeira Beach, FL 33708

D

Vogelbacher, Pierre  
Harper, Kynes, Geller & Buford  
2560 Gulf to Bay Blvd., Suite 300  
Clearwater, FL 33756

Trustee

Baskin, Hamden H.  
516 N. Fort Harrison Ave.  
Clearwater, FL 33755

Trustee

Meisner, Dr. Carl D.  
9022 St. Andrews Dr.  
Seminole, FL 33777

Trustee

Mock, S. Wayne  
Eller Media Corporation  
5555 Ulmerton Road  
Clearwater, FL 33760