


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 03, 2004 8:00 am**  
**Secretary of State**

02-03-2004 90013 012 \*\*\*150.00

**DOCUMENT # F02000005506**  
 1. Entity Name  
**MENTAL HEALTH ASSOCIATES, INC.**



Principal Place of Business  
 9606 N MOPAC EXPWY, STE 600  
 AUSTIN, TX 78759

Mailing Address  
 PO BOX 209010  
 AUSTIN, TX 78720

**94009106**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country



01052004 Chg-P CR2E034 (10/03)

4. FEI Number  
 72-1106596

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**NORRIS, SUSAN**  
 1211 SEMORAN BLVD., SUITE 355  
 CASSELBERRY, FL 32707

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**1211 State Rd. 436 Ste 355**  
 City **Casselberry** FL Zip Code **32707**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP BROCKHOEFT, WESLEY J 9606 N MOPAC EXPWY, STE 600 AUSTIN, TX 78759 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WRIGHT, RICHARD T 9606 N. MAPAC EXPRESSWAY, SUITE 600 AUSTIN, TX 78759 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WILSON, ROBERT 9606 N. MAPAC EXPRESSWAY, SUITE 600 AUSTIN, TX 78759 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, JOHN 120 MEADOWCREST STREET #160 GRETNA, LA 70056 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>John Moore</b> <b>328 Timberlane Drive</b> <b>Gretna, LA 70056</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JEFFRIES, SHARYL K 9606 N MOPAC EXPWY, STE 600 AUSTIN, TX 78759 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 607, 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 empowered.

SIGNATURE: Robert Moore 1/27/04 512-341-7900  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Phone #