

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90046 040 ***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

50012361



01282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 72-1106596	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

NORRIS, SUSAN
 1211 STATE RD 436 STE 355
 CASSELBERRY, FL 32707

DO NOT WRITE IN THIS SPACE

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP + Director BROCKHOEFT, WESLEY J 9606 N MOPAC EXPWY, STE 600 AUSTIN, TX 78759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WRIGHT, RICHARD T 9606 N. MAPAC EXPRESSWAY, SUITE 600 AUSTIN, TX 78759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WILSON, ROBERT 9606 N. MAPAC EXPRESSWAY, SUITE 600 AUSTIN, TX 78759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, JOHN 328 TIMBERLANE DRIVE GRETN, LA 70056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JEFFRIES, SHARYL K 9606 N MOPAC EXPWY, STE 600 AUSTIN, TX 78759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 Wilson

ROBERT WILSON

1/31/2005

512.347.7900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #