

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005506

FILED  
Jan 16, 2006  
Secretary of State

Entity Name: MENTAL HEALTH ASSOCIATES, INC.

**Current Principal Place of Business:**

9606 N MOPAC EXPWY, STE 600  
AUSTIN, TX 78759

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 209010  
AUSTIN, TX 78720

**New Mailing Address:**

FEI Number: 72-1106596      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CPD ( ) Delete  
Name: BROCKHOEFT, WESLEY J  
Address: 9606 N MOPAC EXPWY, STE 600  
City-St-Zip: AUSTIN, TX 78759

Title: V ( ) Delete  
Name: WRIGHT, RICHARD T  
Address: 9606 N. MAPAC EXPRESSWAY, SUITE 600  
City-St-Zip: AUSTIN, TX 78759

Title: ST ( ) Delete  
Name: WILSON, ROBERT  
Address: 9606 N. MAPAC EXPRESSWAY, SUITE 600  
City-St-Zip: AUSTIN, TX 78759

Title: D ( ) Delete  
Name: MOORE, JOHN  
Address: 328 TIMBERLANE DRIVE  
City-St-Zip: GRETNA, LA 70056

Title: VP ( ) Delete  
Name: JEFFRIES, SHARYL K  
Address: 9606 N MOPAC EXPWY, STE 600  
City-St-Zip: AUSTIN, TX 78759

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT WILSON

ST

01/16/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date