

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005506

FILED
Apr 28, 2008
Secretary of State

Entity Name: MENTAL HEALTH ASSOCIATES, INC.

Current Principal Place of Business:

6705 ROCKLEDGE DR #900
BETHESDA, MD 20817

New Principal Place of Business:

Current Mailing Address:

6705 ROCKLEDGE DR #900
BETHESDA, MD 20817

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:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR STE 4
WESTON, FL 33331 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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BATES, RICHARD A
Address: 6705 ROCKLEDGE DR #900
City-St-Zip: BETHESDA, MD 20817

Title: V (X) Change () Addition
Name: NORRIS, SUSAN
Address: 6705 ROCKLEDGE DR #900
City-St-Zip: BETHESDA, MD 20817

Title: S (X) Change () Addition
Name: SMITH, SHIRLEY R
Address: 6705 ROCKLEDGE DR #900
City-St-Zip: BETHESDA, MD 20817

Title: AS (X) Change () Addition
Name: WEINBERG, JONATHAN D
Address: 6705 ROCKLEDGE DR #900
City-St-Zip: BETHESDA, MD 20817

Title: AT (X) Change () Addition
Name: ROBINSON, G. KENNETH III
Address: 6705 ROCKLEDGE DR #900
City-St-Zip: BETHESDA, MD 20817

Title: TCFO () Change (X) Addition
Name: WILSON, ROBERT
Address: 6705 ROCKLEDGE DR #900
City-St-Zip: BETHESDA, MD 20817

I hereby certify that the information supplied with this filing does not qualify 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: G. KENNETH ROBINSON III

AT

04/28/2008

Electronic Signature of Signing Officer or Director

_____ Date