

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005506

FILED  
Apr 22, 2009  
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: PD ( ) Delete  
Name: BATES, RICHARD A  
Address: 6705 ROCKLEDGE DR #900  
City-St-Zip: BETHESDA, MD 20817

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

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

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CC (X) Change ( ) Addition  
Name: RUHLMANN, JOHN J  
Address: 6705 ROCKLEDGE DR #900  
City-St-Zip: BETHESDA, MD 20817

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

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 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: SHIRLEY R. SMITH

S

04/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date