

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005506

FILED
Apr 05, 2012
Secretary of State

Entity Name: MENTAL HEALTH ASSOCIATES, INC.

Current Principal Place of Business:

6705 ROCKLEDGE DRIVE
SUITE 900
BETHESDA, MD 20817

New Principal Place of Business:

Current Mailing Address:

6705 ROCKLEDGE DRIVE
SUITE 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.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: DIR
Name: RUHLMANN, JOHN J
Address: 6705 ROCKLEDGE DRIVE, STE 900
City-St-Zip: BETHESDA, MD 20817

Title: TRE
Name: SCHEERER, WILLIAM M
Address: 6705 ROCKLEDGE DRIVE, STE 900
City-St-Zip: BETHESDA, MD 20817

Title: SEC
Name: SMITH, SHIRLEY R
Address: 6705 ROCKLEDGE DRIVE, STE 900
City-St-Zip: BETHESDA, MD 20817

Title: AS
Name: WEINBERG, JONATHAN D
Address: 6705 ROCKLEDGE DRIVE, STE 900
City-St-Zip: BETHESDA, MD 20817

Title: COO
Name: MIDDLETON, KEVIN
Address: 6705 ROCKLEDGE DRIVE, STE 900
City-St-Zip: BETHESDA, MD 20817

Title: PRES
Name: NOLAN, TIMOTHY E
Address: 6705 ROCKLEDGE DRIVE, STE 900
City-St-Zip: BETHESDA, MD 20817

I hereby 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 all other like empowered.

SIGNATURE: SHIRLEY R SMITH

SEC

04/05/2012

Electronic Signature of Signing Officer or Director

_____ Date