

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L34862

FILED
Mar 09, 2010
Secretary of State

Entity Name: MENTAL HEALTHCARE AMERICA, INC.

Current Principal Place of Business:

1876-A EIDER COURT
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

1876-A EIDER COURT
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 59-2989294 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEVEY, DONALD J.
1876-A EIDER COURT
TALLAHASSEE, FL 32308 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: P
Name: HEVEY, DONALD J.
Address: 1876-A EIDER COURT
City-St-Zip: TALLAHASSEE, FL 32308

Title: C
Name: SHREVE, DALE E
Address: 4334 SECOR ROAD
City-St-Zip: TOLEDO, OH 43523 US

Title: VC
Name: ROTH, MORRIS L
Address: PO BOX 15318
City-St-Zip: COLORADO SPRINGS, CO 15318 US

Title: ST
Name: DAIRE, BARBARA E
Address: PO BOX 10970
City-St-Zip: ST PETERSBURG, FL 33733 US

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: DONALD J. HEVEY

P

03/09/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date