
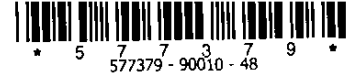


**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90109 017 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Katherine Harris Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # N98000000091</b>		
1. Corporation Name <b>SUNCOAST MENTAL HEALTH CENTER, INC.</b>		
Principal Place of Business 2440 S. FEDERAL HIGHWAY STE. O REGENCY SQUARE EXECUTIVE SUITES STUART FL 34994	Mailing Address 2440 S. FEDERAL HIGHWAY STE. O REGENCY SQUARE EXECUTIVE SUITES STUART FL 34994	



2. Principal Place of Business 21	2A. Mailing Address 26	3. Date Incorporated or Qualified 01/08/1998
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 65-0789152
22. City & State	27. City & State	Applied For Not Applicable
23. Zip	28. Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
EDNEY, STEVEN 6820 S.W. GAINES AVE. STUART FL 34997		81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.		
SIGNATURE		DATE 4/15/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President Steven Edney Director	1.2 NAME	
STREET ADDRESS	2440 S Federal Hwy	1.3 STREET ADDRESS	
CITY-ST-ZIP	Stuart, FL 34994	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vice President David Ruskins Director	2.2 NAME	
STREET ADDRESS	1320 S Federal Hwy	2.3 STREET ADDRESS	
CITY-ST-ZIP	Stuart, FL 34994	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Secretary Jill Drake Director	3.2 NAME	
STREET ADDRESS	435 SE Elyker Ave	3.3 STREET ADDRESS	
CITY-ST-ZIP	Stuart, FL 34994	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Treasurer Chuck Palmer Director	4.2 NAME	
STREET ADDRESS	204 Central PKWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	Stuart, FL 34994	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED DATE: 4/15/99

CR2E037 (1-1988)