

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000052115

**FILED**  
**Apr 21, 2010**  
**Secretary of State**

**Entity Name:** MENTAL HEALTH SOLUTIONS, P.A.

**Current Principal Place of Business:**

2608 SOUTHEAST 21ST COURT  
HOMESTEAD, FL 33035

**New Principal Place of Business:**

15715 S. DIXIE HWY.  
STE. # 303  
VILLAGE OF PALMETTO BAY, FL 33157

**Current Mailing Address:**

2608 SOUTHEAST 21ST COURT  
HOMESTEAD, FL 33035

**New Mailing Address:**

15715 S. DIXIE HWY.  
STE. # 303  
VILLAGE OF PALMETTO BAY, FL 33157

**FEI Number:** 22-3979766

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: PSD  
Name: MARKS, LILIANA  
Address: 2608 SOUTHEAST 21ST COURT  
City-St-Zip: HOMESTEAD, FL 33035

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: LILIANA MARKS

PRES

04/21/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date