FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 714776 (2)

1. Corporation Name
COLLIER COUNTY MENTAL HEALTH CLINIC, INC.

Principal Place of Business	Mailing Address
6075 GOLDEN GATE PARKWAY NAPLES FL 33999	6075 GOLDEN GATE PARKWAY NAPLES FL 33999

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/17/1968
3a. Date of Last Report: 02/14/1994
4. FEI Number: 59-1230585 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

9. Name and Address of Current Registered Agent

SCHIMMEL, DAVID C.
6075 GOLDEN GAT PARKWAY
NAPLES FL 33999

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V ← See correction	1.1 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	HAYES, CLAUDE	1.2 NAME	HAYNES, CLAUDE
STREET ADDRESS	4888 WEST BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE	P ← See correction	2.1 TITLE	PAST PRESIDENT ☒ Change ☐ Addition
NAME	KILLILEA, KEVIN	2.2 NAME	
STREET ADDRESS	623 CORAL DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	S ← See correction	3.1 TITLE	VICE PRESIDENT ☒ Change ☐ Addition
NAME	CAMERON, R. SCOTT	3.2 NAME	
STREET ADDRESS	1250 N. TAMIAMI TRAIL, #101	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	PEREIRO, EDUARDO	4.2 NAME	
STREET ADDRESS	511 HENLEY DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	SCHIMMEL, DAVID	5.2 NAME	
STREET ADDRESS	6075 GOLDEN GATE PARKWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	SECRETARY ☒ Change ☒ Addition
NAME	ROBERTS, DOLLY	6.2 NAME	MISSY MCKIM
STREET ADDRESS	240 2ND AVENUE SOUTH	6.3 STREET ADDRESS	735 8TH ST. SO.
CITY-ST-ZIP	NAPLES FL Deposited by Bank	6.4 CITY-ST-ZIP	NAPLES, FL 33940

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: David C. Schimmel 4/27/95 813/455-1031
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DAVID C. SCHIMMEL, EXECUTIVE DIRECTOR

0082043