

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770177

FILED  
Jan 26, 2007  
Secretary of State

Entity Name: THE CARE CENTER FOR MENTAL HEALTH, INC.

**Current Principal Place of Business:**

1205 4TH STREET  
KEY WEST, FL 3304

**New Principal Place of Business:**

1205 4TH STREET  
KEY WEST, FL 33040

**Current Mailing Address:**

900 GRIER DR.  
LAS VEGAS, NV 89119

**New Mailing Address:**

FEI Number: 59-2331362      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

BUSINESS FILINGS INCORPORATED  
1203 GOVERNOR'S SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 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: C ( ) Delete  
Name: SCHRADER, KATHLEEN  
Address: 203 APACHE STREET  
City-St-Zip: TAVERNIER, FL 33070

Title: VC ( ) Delete  
Name: ROWE, HELEN  
Address: 2100 FLAGLER AVE  
City-St-Zip: KEY WEST, FL 33040

Title: T ( ) Delete  
Name: CHASTEEN, DALE  
Address: 91900 OVERSEAS HIGHWAY  
City-St-Zip: TAVERNIER, FL 33070

Title: S ( ) Delete  
Name: GEDMIN, JANINE  
Address: 5525 COLEGE ROAD  
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete  
Name: WALSH, THOMAS  
Address: 180 28TH AVENUE NORTH  
City-St-Zip: ST. PETERSBURG, FL 33704

Title: D ( ) Delete  
Name: WADHAMS, JIM  
Address: 3773 HOWARDHUGHES PKWY  
City-St-Zip: LAS VEGAS, NV 89109

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: GEDMIN, JANINE  
Address: 5525 COLEGE ROAD  
City-St-Zip: KEY WEST, FL 33040

Title: D (X) Change ( ) Addition  
Name: BREWER, MARY  
Address: 2950 S INDUSTRIAL RD  
City-St-Zip: LAS VEGAS, NV 89109

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: WADHAMS, JIM  
Address: 3773 HOWARD HUGHES PKWY 3RD FL S  
City-St-Zip: LAS VEGAS, NV 89109

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER VENTRELLA

CFO

01/26/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date