2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2008
Secretary of State

DOCUMENT# N07000010308

Entity Name: COASTAL MENTAL HEALTH CENTER, INC.

Current Principal Place of Business:

210 CROWN POINT CIRCLE
DEBARY, FL 32763

New Principal Place of Business:

10 DOGWOOD TRAIL
SUITE B
DEBARY, FL 32763

Current Mailing Address:

1745 TRAVERTINE TERRACE
SANFORD, FL 32771

New Mailing Address:

FEI Number: 06-1827733 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCALETTA, MICHAEL E
1745 TRAVERTINE TERRACE
SANFORD, FL 32771 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: P ( ) Delete
Name: SCALETTA, TIMOTHY J
Address: 1530 LAKE RHEA DRIVE
City-St-Zip: WINDERMERE, FL 34786

Title: VP ( ) Delete
Name: MILLER, ROBERT G
Address: 1317 AVENUE DEL SOL
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D ( ) Delete
Name: YOUNG, PAUL C
Address: 9034 LAKE COVENTRY COURT
City-St-Zip: GOTHA, FL 34734

Title: D ( ) Delete
Name: SCALETTA, JOAN L
Address: 1745 TRAVERTINE TERRACE
City-St-Zip: SANFORD, FL 32771

Title: D ( ) Delete
Name: BALLARD, GINA
Address: 690 HANGING MOSS TRAIL
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: MILLER, ROBERT G
Address: 1317 AVENUE DEL SOL
City-St-Zip: WINTER SPRINGS, FL 32708

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL E SCALETTA RA 01/06/2008

Electronic Signature of Signing Officer or Director — Date