

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770177

FILED
Feb 13, 2008
Secretary of State

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

Current Principal Place of Business:

1205 4TH STREET
KEY WEST, FL 33040

New Principal Place of Business:

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

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

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 HOWARD HUGHES PKWY 3RD FL S
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:

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Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
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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: RICHARD STEINBERG

PD

02/13/2008

Electronic Signature of Signing Officer or Director

_____ Date