

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002783

FILED  
Mar 17, 2011  
Secretary of State

**Entity Name:** SMITH COMMUNITY MENTAL HEALTH, INC.

**Current Principal Place of Business:**

601 SOUTH STATE RD 7  
PLANTATION, FL 33317

**New Principal Place of Business:**

**Current Mailing Address:**

601 SOUTH STATE RD 7  
PLANTATION, FL 33317

**New Mailing Address:**

**FEI Number:** 65-0918245

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILSON, SEAN L ESQ.  
2385 NW EXECUTIVE CENTER DRIVE  
SUITE 233  
BOCA RATON, FL 33431 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: D  
Name: CORREIA-KENT, JOANNE  
Address: 6007 NW 65 TERRACE  
City-St-Zip: PARKLAND, FL 33067

Title: D  
Name: LA VALLE, DONNA  
Address: 1781 SW 67TH TERRACE  
City-St-Zip: PLANTATION, FL 33317

Title: D  
Name: KENT, DAVID  
Address: 6007 NW 65 TERRACE  
City-St-Zip: PARKLAND, FL 33067

Title: D  
Name: STABLEIN, KRISTIN  
Address: 1781 SW 67TH TERRACE  
City-St-Zip: PLANTATION, FL 33317

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOANNE CORREIA-KENT

CO-P

03/17/2011

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

\_\_\_\_\_  
Date