2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010308

FILED Feb 08, 2012 Secretary of State

Entity Name: COASTAL MENTAL HEALTH CENTER, INC.

Current Principal Place of Business: New Principal Place of Business:

667 DELTONA BLVD DELTONA, FL 32725

Current Mailing Address: New Mailing Address:

667 DELTONA BLVD DELTONA, FL 32725

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

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

SCALETTA, MICHAEL E
1745 TRAVERTINE TERRACE
SANFORD, FL 32771 US
SCALETTA, MICHAEL E
6250 HEDGE SPARROW LANE
SANFORD, FL 32771 US

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: MICHAEL E. SCALETTA 02/08/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

Name: SCALETTA, TIMOTHY J Address: 1530 LAKE RHEA DRIVE City-St-Zip: WINDERMERE, FL 34786

Title: D

Name: FARBER, STANLEY D
Address: 1440 NORTH CENTRAL AVENUE

City-St-Zip: FLAGLER, FL 32136

Title: D

Name: YOUNG, PAUL C

Address: 9034 LAKE COVENTRY COURT

City-St-Zip: GOTHA, FL 34734

Title: D

Name: SCALETTA, JOAN L

Address: 6250 HEDGE SPARROW LANE

City-St-Zip: SANFORD, FL 32771

Title:

Name: BALLARD, GINA

Address: 690 HANGING MOSS TRAIL City-St-Zip: LONGWOOD, FL 32750

Title: CEO

Name: SCALETTA, MICHAEL E
Address: 6250 HEDGE SPARROW LANE
City-St-Zip: SANFORD, FL 32771

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: MICHAEL E. SCALETTA CEO 02/08/2012