

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 730286

**Entity Name:** HENDRY-GLADES MENTAL HEALTH CLINIC, INC.

**Current Principal Place of Business:**

601 W. ALVERDEZ AVENUE  
CLEWISTON, FL 33440

**Current Mailing Address:**

601 W. ALVERDEZ AVENUE  
CLEWISTON, FL 33440 US

**FEI Number:** 59-1558636

**Certificate of Status Desired:** Yes

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

HOSICK, JOSEPH  
601 WEST ALVERDEZ  
CLEWISTON, FL 33440 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name THOMAS, SAMUEL  
Address 135 W. CRESCENT DRIVE  
City-State-Zip: CLEWISTON FL 33440

Title T  
Name SHUPE, CHRISTOPHER  
Address 205 SOUTH W.C. OWEN AVE  
City-State-Zip: CLEWISTON FL 33440

Title S  
Name VALIANT, MARTHA M,D,  
Address 570 CAPTAIN HENDRY DRIVE  
City-State-Zip: LABELLE FL 33935

Title VP  
Name ALDRICH, WAYNE  
Address P.O. BOX 459  
City-State-Zip: MOOREHAVEN FL 33471

*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:** VALIANT, MARTHA, MD

**SECRETARY**

**03/21/2013**

Electronic Signature of Signing Officer/Director Detail

Date