

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735870

Entity Name: OSCEOLA MENTAL HEALTH, INC.

Current Principal Place of Business:

206 PARK PLACE BLVD
KISSIMMEE, FL 34741

Current Mailing Address:

206 PARK PLACE BLVD
KISSIMMEE, FL 34741 US

FEI Number: 59-1677912

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SHANKS, JAMES ACEO
206 PARK PLACE BLVD
KISSIMMEE, FL 34741 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 PCEO
Name SHANKS, JAMES A
Address 206 PARK PLACE BLVD.
City-State-Zip: KISSIMMEE FL 34741

Title VCFO
Name BARLOW, RICHARD C
Address 206 PARK PLACE BLVD.
City-State-Zip: KISSIMMEE FL 34741

Title D
Name WALLER, MARGARET
Address 2 COURTHOUSE SQ.
City-State-Zip: KISSIMMEE FL 34741

Title D
Name PEACH, JOYCE
Address 402 SIMPSON RD
City-State-Zip: KISSIMMEE FL 34741

Title D
Name HANSELL, BOB
Address 2601 E. IRLO BRONSON HWY
City-State-Zip: KISSIMMEE FL 34741

Title DIRECTOR
Name TOMPKINS, MARCIA
Address 1731 BOGGY CREEK ROAD
City-State-Zip: KISSIMMEE FL 34744

Title DIRECTOR
Name COLE, KEVIN
Address 719 PARK LAKE CIRCLE
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR
Name JANCEWICZ, STEFANIA
Address 2 COURTHOUSE SQUARE
City-State-Zip: KISSIMMEE FL 34741

Continues on page 2

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: JAMES A. SHANKS

PRESIDENT/CEO

01/12/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name IVINS, STEVE
Address 6358 OAK MEADOW BEND
City-State-Zip: ORLANDO FL 32819