

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762852

Entity Name: DAVID LAWRENCE MENTAL HEALTH CENTER, INC.**Current Principal Place of Business:**6075 BATHEY LANE
NAPLES, FL 34116**Current Mailing Address:**6075 BATHEY LANE
NAPLES, FL 34116 US**FEI Number:** 59-2206025**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HL STATUTORY AGENT INC.
5811 PELICAN BAY BOULEVARD - STE. 650
NAPLES, FL 34108 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 | PRESIDENT, CEO |
| Name | BURGESS, SCOTT |
| Address | 6075 BATHEY LANE |
| City-State-Zip: | NAPLES FL 34116 |

| | |
|-----------------|-------------------|
| Title | CHAIRMAN |
| Name | MAGRANN, ROBERT P |
| Address | 6075 BATHEY LANE |
| City-State-Zip: | NAPLES FL 34116 |

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|-----------------|------------------|
| Title | DIRECTOR |
| Name | MORTON, MARY |
| Address | 6075 BATHEY LANE |
| City-State-Zip: | NAPLES FL 34116 |

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|-----------------|------------------|
| Title | DIRECTOR |
| Name | EDWARDS, ROB |
| Address | 6075 BATHEY LANE |
| City-State-Zip: | NAPLES FL 34116 |

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|-----------------|------------------|
| Title | TREASURER |
| Name | MOSTELLER, KAREN |
| Address | 6075 BATHEY LANE |
| City-State-Zip: | NAPLES FL 34116 |

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|-----------------|------------------|
| Title | DIRECTOR |
| Name | VERNON, CHRIS |
| Address | 6075 BATHEY LANE |
| City-State-Zip: | NAPLES FL 34116 |

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|-----------------|------------------|
| Title | DIRECTOR |
| Name | GROODY, LAIRD |
| Address | 6075 BATHEY LANE |
| City-State-Zip: | NAPLES FL 34116 |

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|-----------------|------------------|
| Title | DIRECTOR |
| Name | SPAHR, STEPHEN |
| Address | 6075 BATHEY LANE |
| City-State-Zip: | NAPLES FL 34116 |

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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: SCOTT BURGESS**PRESIDENT & CEO****01/11/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name YUN, JEFFREY
Address 6075 BATHEY LANE
City-State-Zip: NAPLES FL 34116

Title DIRECTOR
Name DILLON, SUE
Address 6075 BATHEY LANE
City-State-Zip: NAPLES FL 34116

Title SECRETARY
Name BOYER, ED
Address 6075 BATHEY LANE
City-State-Zip: NAPLES FL 34116

Title VC
Name MORTON, EDWARD
Address 6075 BATHEY LANE
City-State-Zip: NAPLES FL 34116