

2020 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 DIRECTOR
Name VEINTIMILLA, PABLO
Address 6075 BATHEY LANE
City-State-Zip: NAPLES FL 34116

Title CHAIRMAN
Name BUDD, RUSSELL
Address 6075 BATHEY LANE
City-State-Zip: NAPLES FL 34116

Title PRESIDENT
Name BURGESS, SCOTT
Address 6075 BATHEY LANE
City-State-Zip: NAPLES FL 34116

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

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

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

Title DIRECTOR
Name BROWN, REISHA DR.
Address 6075 BATHEY LANE
City-State-Zip: NAPLES FL 34116

Title DIRECTOR
Name EDWARDS, ROB
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****01/13/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

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

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

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

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

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

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

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