

**2013 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:**SCHIMMEL, DAVID C  
6075 BATHEY LANE  
NAPLES, FL 34116 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	D
Name	SHERIDAN, EDWARD
Address	20251 PUMA TRAIL
City-State-Zip:	ESTERO FL 33928

Title	PRESIDENT
Name	VEINTIMILLA, PABLO
Address	3021 AIRPORT-PULLING ROAD
City-State-Zip:	NAPLES FL 34105

Title	D
Name	FAY, CATHERINE
Address	4144 SKYWAY DRIVE
City-State-Zip:	NAPLES FL 34112

Title	VP
Name	JOHNSON, DOUGLAS
Address	9280 SWEETGRASS WAY
City-State-Zip:	NAPLES FL 34108

Title	TD
Name	MCAVOY, BRIAN
Address	5811 PELICAN BAY BLVD. STE 600
City-State-Zip:	NAPLES FL 34108

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

*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: ROBERT MORANTZ****SECRETARY****03/14/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date