

**2015 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N06000004010

**FILED**  
**Oct 23, 2015**  
**Secretary of State**  
**CR9394828768**

**Entity Name:** CARES SUICIDE PREVENTION, INC.

**Current Principal Place of Business:**

8695 COLLEGE PKWY  
SUITE 2428  
FORT MYERS, FL 33919

**Current Mailing Address:**

8695 COLLEGE PKWY  
SUITE 2428  
FORT MYERS, FL 33919

**FEI Number:** 20-4679724

**Certificate of Status Desired:** No

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

CERVASIO, VIRGINIA  
8695 COLLEGE PKWY  
SUITE 2428  
FORT MYERS, FL 33919 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:** VIRGINIA CERVASIO

10/23/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name MANGUS, DAVID  
Address 111 SE 16TH PLACE  
City-State-Zip: CAPE CORAL FL 33990

Title VP  
Name DOUSE, PRINCE  
Address 8695 COLLEGE PKWY, SUITE 2428  
City-State-Zip: FORT MYERS FL 33919

Title SEC  
Name MANGUS, MARLA  
Address 111 SE 16TH PLACE  
City-State-Zip: CAPE CORAL FL 33990

Title TRES  
Name CERVASIO, VIRGINIA  
Address 8695 COLLEGE PKWY, SUITE 2428  
City-State-Zip: FORT MYERS FL 33919

Title BOARD OF DIRECTOR  
Name SPRATT, MANDIE  
Address 8695 COLLEGE PKWY  
SUITE 2428  
City-State-Zip: FORT MYERS FL 33919

Title BOARD OF DIRECTOR  
Name WILSON, GARY  
Address 8695 COLLEGE PKWY  
SUITE 2428  
City-State-Zip: FORT MYERS FL 33919

*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:** VIRGINIA CERVASIO

**TREASURER**

10/23/2015

Electronic Signature of Signing Officer/Director Detail

Date