

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010308

Entity Name: COASTAL MENTAL HEALTH CENTER, INC.**Current Principal Place of Business:**4550 ORANGE BLVD.
SANFORD, FL 32771**Current Mailing Address:**4550 ORANGE BLVD.
SANFORD, FL 32771**FEI Number: 06-1827733****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SCALETТА, MICHAEL E
6250 HEDGE SPARROW LANE
SANFORD, FL 32771 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	CEO	Title	D
Name	SCALETТА, TIMOTHY J	Name	FARBER, STANLEY D
Address	4550 ORANGE BLVD.	Address	1440 NORTH CENTRAL AVENUE
City-State-Zip:	SANFORD FL 32771	City-State-Zip:	FLAGLER FL 32136
Title	D	Title	COO
Name	SCALETТА, JOAN L	Name	BALLARD, GINA
Address	6250 HEDGE SPARROW LANE	Address	690 HANGING MOSS TRAIL
City-State-Zip:	SANFORD FL 32771	City-State-Zip:	LONGWOOD FL 32750
Title	CHAIRMAN		
Name	SCALETТА, MICHAEL E		
Address	6250 HEDGE SPARROW LANE		
City-State-Zip:	SANFORD FL 32771		

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: TIMOTHY J. SCALETТА**CEO****03/20/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date