

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000010308

**Entity Name:** COASTAL MENTAL HEALTH CENTER, INC.**Current Principal Place of Business:**667 DELTONA BLVD. STE 100  
DELTONA, FL 32725**Current Mailing Address:**667 DELTONA BLVD. STE 100  
DELTONA, FL 32725**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	P
Name	SCALETТА, TIMOTHY J
Address	1530 LAKE RHEA DRIVE
City-State-Zip:	WINDERMERE FL 34786

Title	D
Name	FARBER, STANLEY D
Address	1440 NORTH CENTRAL AVENUE
City-State-Zip:	FLAGLER FL 32136

Title	D
Name	YOUNG, PAUL C
Address	9034 LAKE COVENTRY COURT
City-State-Zip:	GOTHA FL 34734

Title	D
Name	SCALETТА, JOAN L
Address	6250 HEDGE SPARROW LANE
City-State-Zip:	SANFORD FL 32771

Title	D
Name	BALLARD, GINA
Address	690 HANGING MOSS TRAIL
City-State-Zip:	LONGWOOD FL 32750

Title	CEO
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 SCALETТА****PRESIDENT****03/14/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date