

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000010308

**Entity Name:** COASTAL MENTAL HEALTH CENTER, INC.

**Current Principal Place of Business:**

526 W. LAKE MARY BLVD  
SANFORD, FL 32773

**Current Mailing Address:**

526 W. LAKE MARY BLVD  
SANFORD, FL 32773 US

**FEI Number: 06-1827733**

**Certificate of Status Desired:** No

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

SCALETТА, MICHAEL E  
526 WEST LAKE MARY BLVD.  
SANFORD, FL 32773 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	CHAIRMAN	Title	DIRECTOR
Name	SCALETТА, MICHAEL E	Name	JASON, MCELHINNY
Address	6250 HEDGE SPARROW LANE	Address	4550 ORANGE BLVD.
City-State-Zip:	SANFORD FL 32771	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**

**CHIEF EXECUTIVE  
OFFICER**

**01/16/2018**

Electronic Signature of Signing Officer/Director Detail

Date