

**2015 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  
4550 ORANGE BLVD.  
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  
Name SCALETТА, TIMOTHY J  
Address 4550 ORANGE BLVD.  
City-State-Zip: SANFORD FL 32771

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

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

Title CHAIRMAN  
Name SCALETТА, MICHAEL E  
Address 6250 HEDGE SPARROW LANE  
City-State-Zip: SANFORD FL 32771

Title DIRECTOR  
Name JASON, MCELHINNY  
Address 4550 ORANGE BLVD.  
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**

**C.E.O.**

**02/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date