

2017 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
Name SCALETТА, TIMOTHY J
Address 4550 ORANGE BLVD.
City-State-Zip: SANFORD FL 32771

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

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

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 SCALETТА

C.E.O.

03/21/2017

Electronic Signature of Signing Officer/Director Detail

Date