

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010308

Entity Name: COASTAL MENTAL HEALTH CENTER, INC.

Current Principal Place of Business:

665 W WARREN AVE
LONGWOOD, FL 32771

Current Mailing Address:

665 W WARREN AVE
LONGWOOD, FL 32750 US

FEI Number: 06-1827733

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCELHINNY, JASON
526 W 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 CHAIRMAN
Name SCALETTA, MICHAEL E
Address 6250 HEDGE SPARROW LANE
City-State-Zip: SANFORD FL 32771

Title PRESIDENT
Name SCALETTA, TIMOTHY
Address 520 W LAKE MARY BLVD
SUITE 204
City-State-Zip: SANFORD FL 32773

Title DIRECTOR
Name JASON, MCELHINNY
Address 526 W LAKE MARY BLVD
City-State-Zip: SANFORD FL 32773

Title COO
Name BALLARD, GINA
Address 520 W LAKE MARY BLVD
SUITE 204
City-State-Zip: SANFORD FL 32773

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: JASON MCELHINNY

DIRECTOR

04/05/2022

Electronic Signature of Signing Officer/Director Detail

Date