

**2023 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**

**04/24/2023**

Electronic Signature of Signing Officer/Director Detail

Date