

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000009402

**Entity Name:** MENTAL HEALTH COUNSELORS OF CENTRAL FLORIDA, INC.

**FILED**  
**Jan 17, 2017**  
**Secretary of State**  
**CC6007790221**

**Current Principal Place of Business:**

871 OUTER ROAD  
SUITE D  
ORLANDO, FL 32814

**Current Mailing Address:**

P.O. BOX 307  
WINTER PARK, FL 32790

**FEI Number: 35-2464997**

**Certificate of Status Desired: No**

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

POLLOCK, SANDRA  
871 OUTER ROAD  
SUITE D  
ORLANDO, FL 32814 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 PD  
Name PEDDIE-BRAVO, LAURA  
Address 7221 ALOMA AVE. SUITE 300  
City-State-Zip: WINTER PARK FL 32792

Title TD  
Name POLLOCK, SANDRA  
Address 871 OUTER ROAD SUITE D  
City-State-Zip: ORLANDO FL 32814

*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: SANDRA POLLOCK**

**TREASURER**

**01/17/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date