

2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N98000000091

Entity Name: SUNCOAST MENTAL HEALTH CENTER, INC.

Current Principal Place of Business:

2814 S US #1
D-4
FORT PIERCE, FL 34982

Current Mailing Address:

2814 S US #1
D-4
FORT PIERCE, FL 34982 US

FEI Number: 65-0789152

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GLANVILLE, MARIE
2814 S US #1
D-4
FORT PIERCE, FL 34982 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: MARIE GLANVILLE

09/30/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name GLANVILLE, MARIE
Address 863 NE DAHOON TERR
City-State-Zip: JENSEN BEACH FL 34957

Title D
Name YERNENI, SRI DR.
Address 820 37TH PLACE
City-State-Zip: VERO BEACH FL 32960

Title S
Name MCGILL, LAURA
Address 1990 25TH ST
City-State-Zip: VERO BEACH FL 32960

Title BOARD MEMBER
Name SMITH, SUSAN
Address 8001 EDEN ROAD
City-State-Zip: FORT PIERCE FL 34951

Title D
Name VELOZ, ENRIQUE
Address 1750 SW CAMEO BLVD
City-State-Zip: PORT ST. LUCIE FL 34953

Title TREASURER
Name LASETER, JAMES
Address 2814 S US #1
D-4
City-State-Zip: FORT PIERCE FL 34982

Title BOARD MEMBER
Name TORO, MAURICIO
Address 2814 S US #1
D-4
City-State-Zip: FORT PIERCE FL 34982

Title CEO
Name CIASCA, ARTURO
Address 2814 S US #1
D-4
City-State-Zip: FORT PIERCE FL 34982

Continues on page 2

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: ARTURO CIASCA

CEO

09/30/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name BROWN, KENNETH DR.
Address 130 INDIAN RIVER BLVD.
City-State-Zip: FORT PIERCE FL 34950

Title D
Name JENCIK, FRANK
Address 524 CONN WAY
City-State-Zip: VERO BEACH FL 32963

Title D
Name STEWART, JERUSHA ESQ.
Address 1889 OLD DIXIE HWY
207
City-State-Zip: VERO BEACH FL 32960

Title D
Name LACROIX, CATHY
Address 836 NORFOLK PINE LANE
City-State-Zip: VERO BEACH FL 32963

Title D
Name RADCLIFFE, GABRIELLE ESQ.
Address P.O. BOX 2936
City-State-Zip: FORT PIERCE FL 34953