

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000000091

**FILED**  
**Apr 02, 2020**  
**Secretary of State**  
**6119137037CC**

**Entity Name:** SUNCOAST MENTAL HEALTH CENTER, INC.

**Current Principal Place of Business:**

2222 COLONIAL ROAD,  
STE 100  
FORT PIERCE, FL 34950

**Current Mailing Address:**

2222 COLONIAL ROAD,  
STE 100  
FORT PIERCE, FL 34950 US

**FEI Number:** 65-0789152

**Certificate of Status Desired:** No

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

TALLEY, BRADY L  
2222 COLONIAL ROAD,  
STE 100  
FORT PIERCE, FL 34950 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:** BRADY L TALLEY

04/02/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title BOARD MEMBER  
Name JENCIK, FRANK  
Address 3925 8TH PLACE  
City-State-Zip: VERO BEACH FL 32960

Title BOARD MEMBER  
Name STEWART, JERUSHA  
Address 1590 S 42ND CIRCLE # 104  
City-State-Zip: VERO BEACH FL 32967

Title TREASURER  
Name COOK, DAVID  
Address 2110 N.E. 39TH BLVD.  
City-State-Zip: OKEECHOBEE FL 34972

Title PRESIDENT  
Name TALLEY, BRADY L M.S.  
Address 534 SE CLIFF RD  
City-State-Zip: PORT ST LUCIE FL 34984

Title VP  
Name SAVINO, PATRICIA  
Address 2400 S OCEAN DRIVE, #7615  
City-State-Zip: FORT PIERCE FL 34949

Title CEO  
Name ENGLE, DEBRA S  
Address 1313 G SW FAST STREET  
City-State-Zip: PALM CITY FL 34990

Title SECRETARY  
Name TAYLOR, BETTYE  
Address 2222 COLONIAL ROAD,  
STE 100  
City-State-Zip: FORT PIERCE FL 34950

Title BOARD MEMBER  
Name CHINO, KETURAH A  
Address 4703 JUANITA AVE  
City-State-Zip: FORT PIERCE FL 34946

**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:** DEBRA ENGLE

CEO

04/02/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title BOARD MEMBER  
Name PETERSON, BRITTANY  
Address 600 SOUTHSTAR DRIVE  
City-State-Zip: FORT PIERCE FL 34949

Title BOARD MEMBER  
Name LOMBARDO, VICKI  
Address 436 SE SKIPPER LANE  
City-State-Zip: PORT ST. LUCIE FL 34983