

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000091

FILED
Mar 16, 2016
Secretary of State
CC7016883745

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:

RADCLIFFE, GABRIELLE ESQ.
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: GABRIELLE RADCLIFFE

03/16/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT EMERITUS
Name GLANVILLE, MARIE
Address 863 N.E. DAHOON TERRACE
City-State-Zip: JENSEN BEACH FL 34957

Title BOARD MEMBER
Name YERNENI, SRI DR.
Address 777 37TH STREET
 C-105
City-State-Zip: VERO BEACH FL 32960

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

Title CEO
Name CIASCA, ARTURO
Address 300 GRAND ROYALE CIRCLE
 #105
City-State-Zip: VERO BEACH FL 32962

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

Title TREASURER
Name JENCIK, FRANK
Address 5035 FAIRWAY CIRCLE
 FAIRWAYS GRAND HARBOR UNIT 205
City-State-Zip: VERO BEACH FL 32967

Title PRESIDENT
Name RADCLIFFE, GABRIELLE ESQ.
Address 311 S 2ND STREET
 SUITE 102-B
City-State-Zip: FORT PIERCE FL 34950

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

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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

03/16/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title BOARD MEMBER
Name STRAWN, JENNIFER
Address 5605 S INDIAN RIVER DR
City-State-Zip: FORT PIERCE FL 34952

Title BOARD MEMBER
Name RICHARDS, MICHELE L. MD
Address 2405 RIVER BRANCH DR
City-State-Zip: FORT PIERCE FL 34981

Title BOARD MEMBER
Name PEREZ, OSCAR
Address 18343 CORAL SANDS WAY
City-State-Zip: BOCA RATON FL 33498

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

Title BOARD MEMBER
Name LABEDZ, TED W.
Address 3812 SE FAIRWAY WEST
City-State-Zip: STUART FL 34997