

**2017 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: No**

**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**

**09/28/2017**

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

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

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

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

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

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

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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: DEBRA ENGLE**

**CEO**

**09/28/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

Title CEO  
Name ENGLE, DEBRA S  
Address 14869 78TH PLACE N  
City-State-Zip: LOXAHATCHEE FL 33470