# 2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N98000000091

Entity Name: SUNCOAST MENTAL HEALTH CENTER, INC.

FILED
Mar 18, 2013
Secretary of State
CC9143805597

## **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:

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 03/18/2013

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title P Title D

NameGLANVILLE, MARIENameYERNENI, SRI DR.Address863 NE DAHOON TERRAddress820 37TH PLACE

City-State-Zip: JENSEN BEACH FL 34957 City-State-Zip: VERO BEACH FL 32960

TitleSTitleBOARD MEMBERNameMCGILL, LAURANameSMITH, SUSANAddress1990 25TH STAddress8001 EDEN ROAD

City-State-Zip: VERO BEACH FL 32960 City-State-Zip: FORT PIERCE FL 34951

Title D Title TREASURER

Name VELOZ, ENRIQUE Name LASETER, JAMES

Address 1750 SW CAMEO BLVD Address 2814 S US #1

City-State-Zip: PORT ST. LUCIE FL 34953 City-State-Zip: FORT PIERCE FL 34982

Title BOARD MEMBER
Name TORO, MAURICIO
Address 2814 S US #1

D-

City-State-Zip: FORT PIERCE FL 34982

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: MARIE GLANVILLE PRESIDENT 03/18/2013