

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002783

Entity Name: SMITH COMMUNITY MENTAL HEALTH, INC.

Current Principal Place of Business:

601 SOUTH STATE RD 7
PLANTATION, FL 33317

Current Mailing Address:

601 SOUTH STATE RD 7
PLANTATION, FL 33317

FEI Number: 65-0918245

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILSON, SEAN LESQ.
2385 NW EXECUTIVE CENTER DRIVE
SUITE 233
BOCA RATON, FL 33431 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name CORREIA-KENT, JOANNE
Address 6007 NW 65 TERRACE
City-State-Zip: PARKLAND FL 33067

Title D
Name LA VALLE, DONNA
Address 2819 NE 21ST TERRACE
City-State-Zip: FORT LAUDERDALE FL 33306

Title D
Name KENT, DAVID
Address 6007 NW 65 TERRACE
City-State-Zip: PARKLAND FL 33067

Title D
Name STABLEIN, KRISTIN
Address 2819 NE 21ST TERRACE
City-State-Zip: FORT LAUDERDALE FL 33306

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: JOANNE CORREIA-KENT

DIRECTOR

02/09/2017

Electronic Signature of Signing Officer/Director Detail

Date