

**2024 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.  
1880 N. CONGRESS AVENUE  
SUITE 205  
BOYNTON BEACH, FL 33426 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

D

03/26/2024

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date