

2022 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 33067Title D
Name LA VALLE, DONNA
Address 2819 NE 21ST TERRACE
City-State-Zip: FORT LAUDERDALE FL 33306Title D
Name KENT, DAVID
Address 6007 NW 65 TERRACE
City-State-Zip: PARKLAND FL 33067Title 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****02/11/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date