

2019 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**CO-DIRECTOR****03/18/2019**

Electronic Signature of Signing Officer/Director Detail

Date