

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L34862

**Entity Name:** MENTAL HEALTHCARE AMERICA, INC.

**Current Principal Place of Business:**

1876-A EIDER COURT  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

1876-A EIDER COURT  
TALLAHASSEE, FL 32308

**FEI Number:** 59-2989294

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SHREVE DALE E.  
1876-A EIDER COURT  
TALLAHASSEE, FL 32308 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:** DALE E. SHREVE

03/07/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name SHREVE, DALE E.  
Address 1876-A EIDER COURT  
City-State-Zip: TALLAHASSEE FL 32308

Title C  
Name DAIRE, BARBARA E  
Address PO BOX 10970  
City-State-Zip: ST PETERSBURG FL 33733

Title VC  
Name CITRON, TOD  
Address 3830 S COBB DRIVE, #300  
City-State-Zip: SMYRNA GA 30080

Title ST  
Name BURNS, NELSON W  
Address 5982 RHODES ROAD  
City-State-Zip: KENT OH 44240

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DALE E SHREVE

PRESIDENT/CEO

03/07/2014

Electronic Signature of Signing Officer/Director Detail

Date