## 2013 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 02/27/2013

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title Title С

SHREVE, DALE E. Name DAIRE, BARBARA E Name 1876-A EIDER COURT Address PO BOX 10970 Address

City-State-Zip: ST PETERSBURG FL 33733 TALLAHASSEE FL 32308 City-State-Zip:

Title ST Title VC

Name CITRON, TOD ROTH, MORRIS L Name

3830 S COBB DRIVE, #300 PO BOX 15318 Address Address SMYRNA GA 30080 City-State-Zip: City-State-Zip: COLORADO SPRINGS CO 15318

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

**FILED** Feb 27, 2013

**Secretary of State** 

CC3134415155

Electronic Signature of Signing Officer/Director Detail

02/27/2013 Date