2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005506

Entity Name: MENTAL HEALTH ASSOCIATES, INC.

Current Principal Place of Business:

6705 ROCKLEDGE DRIVE
SUITE 900
BETHESDA, MD 20817

Current Mailing Address:

6705 ROCKLEDGE DRIVE
SUITE 900
BETHESDA, MD 20817

FEI Number: 72-1106596

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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	DIR		Title	TRE
Name	RUHLMANN, JOHN J		Name	SCHEERER, WILLIAM M
Address	6705 ROCKLEDGE DRIVE, STE 900		Address	6705 ROCKLEDGE DRIVE, STE 900
City-State-Zip:	BETHESDA MD 20817		City-State-Zip:	BETHESDA MD 20817
Title	SEC		Title	AS
Name	SMITH, SHIRLEY R		Name	WEINBERG, JONATHAN D
Address	6705 ROCKLEDGE DRIVE, STE 900		Address	6705 ROCKLEDGE DRIVE, STE 900
City-State-Zip:	BETHESDA MD 20817		City-State-Zip:	BETHESDA MD 20817
Title	COO		Title	PRESIDENT
Name	MIDDLETON, KEVIN		Name	MIDDLETON, KEVIN
Address	6705 ROCKLEDGE DRIVE, STE 900		Address	6705 ROCKLEDGE DRIVE, STE 900
City-State-Zip:	BETHESDA MD 20817		City-State-Zip:	BETHESDA MD 20817
Title	CEO			
Name	NOLAN, TIMOTHY E			
Address	6705 ROCKLEDGE DRIVE SUITE 900			
City-State-Zip:	BETHESDA MD 20817			

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: SHIRLEY R SMITH   SECRETARY   04/03/2013

Electronic Signature of Signing Officer/Director Detail   Date