

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2006 8:00 am**  
**Secretary of State**

02-28-2006 90024 001 \*\*\*131.25

**DOCUMENT # 701542**

1. Entity Name  
**HENDERSON MENTAL HEALTH CENTER, INC.**



Principal Place of Business  
4740 N STATE ROAD 7  
STE 201  
FT LAUDERDALE, FL 33319 US

Mailing Address  
4740 N STATE ROAD 7  
STE 201  
FT LAUDERDALE, FL 33319 US

**66002936**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

02072006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number  
59-0711167

Applied For  
Not Applicable

Zip Country

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

RONIK, STEVE  
4740 N STATE ROAD 7  
STE 201  
FORT LAUDERDALE, FL 33319

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	V	<input type="checkbox"/> Delete
NAME	GUNDLACK, JON	
STREET ADDRESS	2741 NE 14 STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL 333041610	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUNCANSON, CAROLE	
STREET ADDRESS	1044 HARRISON ST.	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33319	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUSTAFSON, JOEL	
STREET ADDRESS	1 E BROWARD BLVD STE 1300	
CITY-ST-ZIP	FT LAUDERDAL, FL 33301	
TITLE	S	<input type="checkbox"/> Delete
NAME	CONNORS, JEFFREY	
STREET ADDRESS	ONE FINANCIAL PLAZA, STE 2114	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33394	
TITLE	T	<input type="checkbox"/> Delete
NAME	CHANEY, MARVIN T	
STREET ADDRESS	2206 NE 26TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FIELD, ROBERT A JR	
STREET ADDRESS	4324 NE 6 AVE	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33334	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Norris-Weeks, Burnadette	
STREET ADDRESS	100 SE 6 Street	
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** **Burnadette Norris-Weeks** **2/9/06** **954.768.9770**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #