8/19/2019

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6380

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Account Name : LIESER SKAFF ALEXANDER, PLLC

Account Number : I20150000057

: (813)280-1256

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

REGISTERED AGENT CHANGE MENTAL HEALTH CARE, INC.

Certificate of Status	0
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COVER LETTER

TO:

Amendment Section Division of Corporations

Mental Health Care, Inc. Name of Corporation 704369

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Czhada Skatt Lieser Skaff Alexander Finn/Company 403 N. Howard Ave. Address Tampa, FL 33606 City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelly Camburn

813 280-1256
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301

CR2E045 (03/12)

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08/19/2019 2:58 PM

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida
	to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	ne corporation: Mental Health Care, Inc.
2. The principal	office address: 5707 N. 22nd St., Tampa FL 33610
3. The mailing ac	klress (if different): 5707 North 22nd Street, Tampa FL 33610
4. Date of incorp	oration/qualification: 8/2/1962 Document number: 704369
	street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)
	Karen J Prevatt
	137 S. Pebble Beach Blvd., Ste 102
	Sun City Center, FL 33573
6. The name and (if changed):	Lieser Skaff Alexander, PLLC 403 N. Howard Ave.
	Lieser Skaff Alexander, PLLC
_	403 N. Howard Ave.
	F.O. Box NOT soceptable Tampa, FL 33606
-	
as changed will t	•
Such change was authorized by the	authorized by resolution duly adapted by its board of directors or by an officer so board, or the conversion has been notified in writing of the change.
fore Progration	Sanda Total Retrict or director Printed or types name and full:
periormance of u	he appointment as registered agent and agree to act in this capacity, complete comply with the provisions of all statutes relative to:the proper and complete document is being filed merely to reflect a change in the registered affice address, I tall the corporation has been notified in writing of this change.
- June	August 19 2019 Julie of Registered Agent
If signing on beh	alf of an enlity:
Ghada f	Kaffer Neme
	* * * KH INC: 100K: \$35.00 * * *

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)