2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# 705694

Entity Name: MENTAL HEALTH AMERICA OF GREATER TAMPA BAY, INC.

Current Principal Place of Business:

C/O USF DEPARTMENT OF PSYCHIATRY
12901 BRUCE B. DOWNS BLVD., MDC 102
TAMPA, FL 336124742

New Principal Place of Business:

Current Mailing Address:

C/O USF DEPARTMENT OF PSYCHIATRY
12901 BRUCE B. DOWNS BLVD., MDC 102
TAMPA, FL 336124742

New Mailing Address:

FEI Number: 59-0859886 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WAGNER, RICHARD B
14007 LAKE MAGDALENE BLVD
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	WAGNER, RICHARD B	
Address:	14007 LAKE MAGDALENE BLVD	
City-St-Zip:	TAMPA, FL 33618	
Title:	S	( ) Delete
Name:	LAVEY, MICHAEL	
Address:	14039 W. DALE MABRY HAY	
City-St-Zip:	TAMPA, FL 33618	
Title:	VP	( ) Delete
Name:	BROWN, MARTHA E MD	
Address:	3515 E FLETCHER AVE	
City-St-Zip:	TAMPA, FL 33613	
Title:	S	( ) Delete
Name:	BANNON, YVONE	
Address:	3515 E FLETCHER AVE	
City-St-Zip:	TAMPA, FL 33613	
Title:	D	( ) Delete
Name:	HIGGINS, MONSIGNOR L	
Address:	5225 N. HINES AVE.	
City-St-Zip:	TAMPA, FL 33614	
Title:	D	( ) Delete
Name:	STUART-WILLIAMS, KELLY	
Address:	16205 SENTRY WOOD COURT	
City-St-Zip:	ODESSA, FL 33556	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD B. WAGNER PRES 04/15/2009

Electronic Signature of Signing Officer or Director — Date