2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2010
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 (X)**

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
Name: WAGNER, RICHARD B
Address: 14007 LAKE MAGDALENE BLVD
City-St-Zip: TAMPA, FL 33618

Title: S
Name: LAVOY, MICHAEL
Address: 14039 W. DALE MABRY HAY
City-St-Zip: TAMPA, FL 33618

Title: S
Name: BANNON, YVONE
Address: 3515 E FLETCHER AVE
City-St-Zip: TAMPA, FL 33613

Title: D
Name: HIGGINS, MONSIGNOR L
Address: 5225 N. HINES AVE.
City-St-Zip: TAMPA, FL 33614

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD B. WAGNER PRES 04/13/2010

Electronic Signature of Signing Officer or Director — Date