FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -6 AM 9:06

DOCUMENT # 713096 (6)

1. Corporation Name

THE MENTAL HEALTH CENTER OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
3333 20TH ST WEST P.O. BOX 9010 JACKSONVILLE FL 32209	P.O. BOX 9010 JACKSONVILLE FL 32209 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/24/1967
3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-0879642 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SIKORA, GREGORY J
3333 20TH ST WEST
PO BOX 9010
JACKSONVILLE FL 32208

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Gregory J. Sikora 3-17-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	FOTOPOULOS, MARCIA	1.2 NAME	Gregory, Marian	
STREET ADDRESS	2279 S. FLETCHER AVE.	1.3 STREET ADDRESS	8430 Sophist Circle, East	
CITY-ST-ZIP	FERNANDINA BCH FL	1.4 CITY-ST-ZIP	Jacksonville, Florida 32219	
TITLE	VPD	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	GREGORY, MARIAN	2.2 NAME	Gregory, E.C.	
STREET ADDRESS	8430 SOPHIST CIR EAST	2.3 STREET ADDRESS	11434 Yellow Tail Court	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville, Florida 32218	
TITLE	T	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	LECLERC, DONALD	3.2 NAME	Sanders, DeBorah	
STREET ADDRESS	236 HOLLY COURT	3.3 STREET ADDRESS	11425 Hobart Blvd.	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Jacksonville, Florida 32218	
TITLE	SD	4.1 TITLE	T	☒ Change ☐ Addition
NAME	FLAGG, EUGENE	4.2 NAME	Lewis, Charles W.	
STREET ADDRESS	4271 MCDANIEL DR.	4.3 STREET ADDRESS	5307 Fleet Landing Blvd.	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Atlantic Beach, Florida 32233	
TITLE	TD	5.1 TITLE		☐ Change ☐ Addition
NAME	SIKORA, GREGORY J	5.2 NAME		
STREET ADDRESS	3333 20TH ST WEST	5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles W. Lewis, MD 3/20/95 904-247-6735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001479