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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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
P.O. BOX 9010 JACKSONVILLE FL 32208-0010
JACKSONVILLE FL 32208 US

3. Date Incorporated or Qualified 07/24/1967 3a. Date of Last Report 04/24/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-0879642 Applied For Not Applicable
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required
23 City & State 28 City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
24 Zip Country 29 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
SIKORA, GREGORY J 3333 20TH ST-WEST PO BOX 9010 JACKSONVILLE FL 32208
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 617.0502 and 617.1508, 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 617.0501, Florida Statutes.

SIGNATURE Gregory J. Sikora 3-28-97
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	
NAME	GREGORY, E.C.	1.2 NAME	
STREET ADDRESS	11434 YELLOW TAIL COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	
NAME	FLAGG, EUGENE	2.2 NAME	
STREET ADDRESS	4271 MCDANIEL DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	SANDERS, DEBORAH	3.2 NAME	
STREET ADDRESS	11425 HOBART BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	LEWIS, CHARLES W.	4.2 NAME	
STREET ADDRESS	5307 FLEET LANDING BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BEACH FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	
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	
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 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: Eugene M. Flagg 4/8/97 (904) 768-5505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0004893

CR2E037 (9/96)