

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713096

FILED  
Jan 04, 2012  
Secretary of State

**Entity Name:** THE MENTAL HEALTH CENTER OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

10550 DEERWOOD PARK BOULEVARD  
SUITE 600  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 19189  
JACKSONVILLE, FL 322459189 US

**New Mailing Address:**

**FEI Number:** 59-0879642

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SIKORA, GREGORY J  
10550 DEERWOOD PARK BOULEVARD  
SUITE 600  
JACKSONVILLE, FL 32256 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:** DC  
**Name:** GREGORY, E.C.  
**Address:** 12874 DUNES COURT  
**City-St-Zip:** JACKSONVILLE, FL 32225

**Title:** DVC  
**Name:** OWEN, GEORGE  
**Address:** 51 WEST BAY STREET  
**City-St-Zip:** JACKSONVILLE, FL 32202 US

**Title:** DS  
**Name:** JARRETT, MARY  
**Address:** 1633 RIVERSIDE AVENUE  
**City-St-Zip:** JACKSONVILLE, FL 32204

**Title:** DT  
**Name:** BASS, ROBIN  
**Address:** 4115 ALHAMBRA DRIVE WEST  
**City-St-Zip:** JACKSONVILLE, FL 32207

**Title:** D  
**Name:** SOMMERS, ROBERT  
**Address:** 10550 DEERWOOD PARK BOULEVARD  
**City-St-Zip:** JACKSONVILLE, FL 32256

**Title:** D  
**Name:** JOHNSON, HENRY  
**Address:** 8933 ELIZABETH FALLS DRIVE  
**City-St-Zip:** JACKSONVILLE, FL 32257

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:** GREGORY J. SIKORA

PRES

01/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date