

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED

Mar 26 1996 8:00 am  
Secretary of State

DOCUMENT # 714624 (4)  
1. Corporation Name  
MENTAL HEALTH ASSOCIATIONS IN FLORIDA, INC.



Principal Place of Business  
317 TENTH STREET  
WEST PALM BEACH FL 33401  
US

Mailing Address  
317 TENTH STREET  
WEST PALM BEACH FL 33401  
US

3. Date Incorporated or Qualified 05/20/1968	3a. Date of Last Report 03/10/1995
4. FEI Number 59-0791021	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 3504 SWALLOW DR Suite, Apt. #, etc. 22 City & State 23 MELBOURNE, FL Zip 24 32935-4790 Country 25 USA	2a. Mailing Address 26 3504 SWALLOW DR Suite, Apt. #, etc. 27 City & State 28 MELBOURNE, FL Zip 29 32935-4790 Country 30 USA
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NICOLETTI, PAUL  
317 TENTH STREET  
WEST PALM BEACH FL 33401

81 Name George Schwino  
82 Street Address (P.O. Box Number is Not Acceptable)  
ST John, King + Dickler - Suite 600  
83 500 Australian Avenue S  
84 City West Palm Beach FL 85 Zip Code 33401

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, and I, the undersigned, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE George Schwino

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/11/96

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSI, GEORGE	1.2 NAME	
STREET ADDRESS	220 RIO PINER TR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICOLETTI, PAUL	2.2 NAME	PD
STREET ADDRESS	317 TENTH STREET	2.3 STREET ADDRESS	DRUCKER, JANE
CITY-ST-ZIP	WEST PALM BEACH FL 33401	2.4 CITY-ST-ZIP	3100 CLAY AVENUE
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWIND, GEORGE	3.2 NAME	
STREET ADDRESS	1700 S. SURF ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33019	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURANTE-HAGMAN, DIANNE	4.2 NAME	SD
STREET ADDRESS	156 VIKING WAY	4.3 STREET ADDRESS	MERRILL, PATRICIA
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	900 BAL HARBOR BLVD
TITLE	VD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINSON, BOB D	5.2 NAME	
STREET ADDRESS	5600 16TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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:

George Schwino, Treasurer

3/11/96

407 655 8994

Date

Daytime Phone #

CR2E037 (12/95)