MENTAL HEALTH ASSOCIATIONS IN FLORIDA, INC.	1. Entity Name	MENT #714624	LREPORT		Sep 05, 2006 08:00 A Secretary of State
	MENTAL	HEALTH ASSOCIATIONS	IN FLORIDA, INC.		
BONOT WRITE IN THIS SPACE B32006 No Chg.MP CR2E037 (4/06) Schwart Strate Control Conte	12877 MAHA	N DR	12877 MAHAN DR	US	
DO NOT WRITE IN THIS SPACE -					
A Reme and Address of Current Registered Agent SCH-WIND, GEORGE ST. JOHN, KING & DICKER SOD AUSTRALIAN AVENUE SOUTH SUITE 600 WEST PALM BEACH, FL 33401 The above named enthy submits this statement for the purpose of changing its registered office or registered agen, or both, in the State of Porida. Law familier with, and accept the obligations of registered agent. SIGNATURE SIGNATURE SIGNATU	D	O NOT WRITE	e in this sp	ACE	4. FEI Number Applied For 59-0791021 Not Applicable Sertificate of Status Desired \$8.75 Additional
the obligations of registered agent. SIGNATURE SIGNATURE SIGN	ST. JOHN, 500 AUSTI	, GEORGE KING & DICKER RALIAN AVENUE SOUTH SL	- * , -		DO NOT WRITE
Due by Septembor 6, 2006 Trust Fund Contribution. L Added to Fees ID OFFICERS AND DIRECTORS ID IT SD ID IRET ADDRSS T145 W. OAKLAND BLVD ID LAUDERNILL, FL 33313 ID ID INE C GARBER, KAREN Met GARBER, KAREN ID IRET ADDRSS SARVIS, KEN INE TOD SARVIS, KEN INE TADRSS ID INT-ST-2P TALLAHASSEE, FL 32309 IT TALLAHASSEE, FL 32309 INT ST-2P TALLAHASSEE, FL 3000 INT ST-2P TALLAHASSEE, FL 3000 INT ST-2P TALLAHASSEE, FL 3000 INT ST-2P TALAHASSEE, FL 3000 INT ST-2P <	the obligation	ons of registered agent. Signature, typed or printed name of registered ager	n and title if epolicable. (NOTE: Reg 9. Election Campaign F	istered Agent agneture required	Mon reinstating) DATE
MME GODFREY, ANITA U00000575943 THE WOAKLAND BLVD D3/05/05-30002-009-61.25 TH: C AWE GARBER, KAREN B40 W. LAKEVIEW AVE. D3/05/05-30002-009-61.25 TH: ST-2P PENSACOLA, FL 32501 THE TO AWE SARVIS, KEN TRET ADDRESS 12877 MAHAN DRIVE TY-ST-2P TALLAHASSEE, FL 32309 THE MARE MEET ADDRESS INT ST-2P TRE ADDRESS INT ST-2P THE MARE SARVIS, KEN THE MARE TO AWE SARVIS, KEN TRE ADDRESS INT ST-2P THE MARE TO MEET ADDRESS INT ST-2P THE MARE MARE RET ADDRESS ITY-ST-2P INT ST-2P THE MARE MARE RET ADDRESS TY-ST-2P INT ST-2P THE MARE MARE RET ADDRESS TY-ST-2P INT ST-2P THE MARE MARE	Du	le by September 6, 2006			
ILE C ARE GARBER, KAREN #40 W. LAKEVIEW AVE. PENSACOLA, FL 32501 TL TL TL TL TAL ARE TREETADRESS IN: 51-2P TL TL TL TL TL TL TL TL TL TL	ane Treet address	GODFREY, ANITA 7145 W.OAKLAND BLVD			
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ITY-ST-ZIP TILE AME TREET ADDRESS TY-ST-ZIP TILE AME TREET ADDRESS TY-ST-ZIP 2. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental 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	AME TREET ADDRESS	TD SARVIS, KEN 12877 MAHAN DRIVE			· · · · · · · · · · · · · · · · · · ·
AME REET ADDRESS ITY-ST-ZP ITLE AME REET ADDRESS ITY-ST-ZP 2. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental 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	AME TREET ADDRESS				IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under ceth; that I am an officer or director of the same legal effect as if made under ceth; that I am an officer or director is true and hat my signature shall have the same legal effect as if made under ceth; that I am an officer or director director is true and that my signature shall have the same legal effect as if made under ceth; that I am an officer or director director.	iame Treet address				
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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	12. I bereby c	entify that the information supplied wi	th this filing does not qualify for the	exemptions contained	in Chapter 119, Florida Statutes, I further certify that the information

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