


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 28, 2007 08:00 AM
Secretary of State

DOCUMENT # 714624 1. Entity Name MENTAL HEALTH ASSOCIATIONS IN FLORIDA, INC.	
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Principal Place of Business 12877 MAHAN DR TALLAHASSEE, FL 32309 US	Mailing Address 12877 MAHAN DR TALLAHASSEE, FL 32309 US
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DO NOT WRITE IN THIS SPACE



08222007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-0791021	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SCHWIND, GEORGE ST. JOHN, KING & DICKER 500 AUSTRALIAN AVENUE SOUTH SUITE 600 WEST PALM BEACH, FL 33401

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GODFREY, ANITA 7145 W.OAKLAND BLVD LAUDERHILL, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GARBER, KAREN 840 W. LAKEVIEW AVE. PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SARVIS, KEN 12877 MAHAN DRIVE TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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08/28/07-60002-011 61.25

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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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ken Sarvis KEN SARVIS 8/22/07 850-656-4677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #