

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714624

FILED
Apr 25, 2008
Secretary of State

Entity Name: MENTAL HEALTH ASSOCIATIONS IN FLORIDA, INC.

Current Principal Place of Business:

12877 MAHAN DR
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

Current Mailing Address:

12877 MAHAN DR
TALLAHASSEE, FL 32309 US

New Mailing Address:

12877 MAHAN DRIVE
TALLAHASSEE, FL 32309

FEI Number: 59-0791021

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHWIND, GEORGE
ST. JOHN, KING & DICKER
500 AUSTRALIAN AVENUE SOUTH SUITE 600
WEST PALM BEACH, FL 33401 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: SD () Delete
Name: GODFREY, ANITA
Address: 7145 W.OAKLAND BLVD
City-St-Zip: LAUDERHILL, FL 33313

Title: C () Delete
Name: GARBER, KAREN
Address: 840 W. LAKEVIEW AVE.
City-St-Zip: PENSACOLA, FL 32501

Title: TD () Delete
Name: SARVIS, KEN
Address: 12877 MAHAN DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: C (X) Change () Addition
Name: BARR, VIRGINIA GLYNN
Address: 571 MOONEY ROAD, NE
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KEN SARVIS

TD

04/25/2008

Electronic Signature of Signing Officer or Director

Date