2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 03, 2010
Secretary of State

DOCUMENT# 717744

Entity Name: SEMINOLE COMMUNITY MENTAL HEALTH CENTER, INC.

Current Principal Place of Business:

237 FERNWOOD BLVD
FERN PARK, FL 32730 US

New Principal Place of Business:

Current Mailing Address:

237 FERNWOOD BLVD
FERN PARK, FL 32730 US

New Mailing Address:

FEI Number: 59-1304471 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CUDDLHY, MADONNA
1200 SOUTH PINE ISLAND ROAD
STE 2300
PLANTATION, FL 33324 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: C
Name: MATISAK, MATHEW
Address: 794 SENECA MEADOWS RD
City-St-Zip: WINTER SPRINGS, FL 32708

Title: T
Name: MACDIARMID, MALCOLM
Address: 1723 GOLFSIDE DRIVE
City-St-Zip: WINTER PARK, FL 32792

Title: D
Name: GREGORY, LINDA
Address: 10240 HOOD COURT
City-St-Zip: JACKSONVILLE, FL 32257

Title: VC
Name: SEMBER, JOHN
Address: 1239 WOODRIDGE COURT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: S
Name: BROWN, RICK
Address: 211 NADINA TERRACE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: O
Name: BERKO, JIM
Address: 1814 CROWLEY CIRCLE
City-St-Zip: LONGWOOD, FL 32779

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: DEBBIE DRISKELL O 05/03/2010

Electronic Signature of Signing Officer or Director — Date