

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 07, 2011
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: MACDIARMID, MALCOLM
Address: 1723 GOLFSIDE DRIVE
City-St-Zip: WINTER PARK, FL 32792

Title: VC
Name: FLORIO, KAREN
Address: 652 MAGNOLIA DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32703

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

Title: S
Name: JOHNSON, FORBES
Address: 901 NORTH ORLANDO AVENUE
City-St-Zip: MAITLAND, FL 32751

Title: D
Name: CALDERONE, TINA
Address: 3206 TALA LOOP
City-St-Zip: LONGWOOD, FL 32779

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: JIM BERKO

O

09/07/2011

Electronic Signature of Signing Officer or Director

Date