2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# 719602

Entity Name: MENTAL HEALTH AMERICA OF NORTHEAST FLORIDA, INC.

Current Principal Place of Business:

4615 PHILIPS HWY
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

4615 PHILIPS HWY
JACKSONVILLE, FL 32207 US

New Mailing Address:

4615 PHILIPS HIGHWAY
SUITE 100
JACKSONVILLE, FL 32207 US

FEI Number: 59-0721416 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LEE, SUSAN B
4615 PHILIPS HWY
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

LEE, SUSAN B
4615 PHILIPS HIGHWAY
JACKSONVILLE, FL 32207 US

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: _____ 03/25/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: MARTINEZ, JULIO
Address: 4615 PHILLIPS HIGHWAY
City-St-Zip: JACKSONVILLE, FL 32207

Title: CE ( ) Delete
Name: TEAGUE, ANN
Address: 112 E. FORSYTHE STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: T ( ) Delete
Name: VALENTINE, DAVID
Address: 4615 PHILLIPS HIGHWAY
City-St-Zip: JACKSONVILLE, FL 32207

Title: S ( ) Delete
Name: ECKERT, MELODY
Address: 4615 PHILLIPS HIGHWAY
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete
Name: RANKIN, AMY
Address: 705 TORIA LN
City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: D ( ) Delete
Name: MANSFIELD, JENNIFER
Address: 50 NORTH LAURA ST. STE 3900
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition
Name: TEAGUE, ANN
Address: 4615 PHILIPS HIGHWAY
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: CE (X) Change ( ) Addition
Name: MANSFIELD, JENNIFER A JD
Address: 4615 PHILIPS HIGHWAY
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: T (X) Change ( ) Addition
Name: BOUNDS, JANICE
Address: 4615 PHILIPS HIGHWAY
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: S (X) Change ( ) Addition
Name: RANKIN, AMY
Address: 4615 PHILIPS HIGHWAY
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: D (X) Change ( ) Addition
Name: HOFFMAN, CHARLES
Address: 4615 PHILIPS HIGHWAY
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: D (X) Change ( ) Addition
Name: ASHBURY, ELIZABETH H
Address: 4615 PHILIPS HIGHWAY
City-St-Zip: JACKSONVILLE, FL 32207 US

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: ANN TEAGUE C 03/25/2009
Electronic Signature of Signing Officer or Director — Date