

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719602

FILED  
Apr 26, 2010  
Secretary of State

**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:**

8280 PRINCETON SQUARE BLVD. W.  
SUITE 10  
JACKSONVILLE, FL 32256 US

**Current Mailing Address:**

4615 PHILIPS HIGHWAY  
SUITE 100  
JACKSONVILLE, FL 32207 US

**New Mailing Address:**

8280 PRINCETON SQUARE BLVD. W.  
SUITE 10  
JACKSONVILLE, FL 32256 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:**

TEAGUE, ANN  
112 E. FORSYTH ST  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

MARZULLO, DENISE M  
8280 PRINCETON SQUARE BLVD. W.  
SUITE 10  
JACKSONVILLE, FL 32256 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: DENISE M MARZULLO

04/26/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: C  
Name: MANSFIELD, JENNIFER A JD  
Address: 8280 PRINCETON SQUARE BLVD. W. SUITE 10  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: CE  
Name: RAGER, BRENDAN  
Address: 8280 PRINCETON SQUARE BLVD. W. SUITE 10  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: T  
Name: GEOGHEGAN, FIONNUALA  
Address: 8280 PRINCETON SQUARE BLVD. W. SUITE 10  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: S  
Name: ASBURY, ELIZABETH H  
Address: 8280 PRINCETON SQUARE BLVD. W. SUITE 10  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: D  
Name: SIMKULET, MICHELLE  
Address: 8280 PRINCETON SQUARE BLVD. W. SUITE 10  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: D  
Name: ARMSTRONG WEST, SUZAN  
Address: 8280 PRINCETON SQUARE BLVD. W. SUITE 10  
City-St-Zip: JACKSONVILLE, FL 32256 US

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: DENISE M MARZULLO

P

04/26/2010

Electronic Signature of Signing Officer or Director

Date