

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719602

FILED  
Feb 17, 2011  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-0721416

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARZULLO, DENISE M  
8280 PRINCETON SQUARE BLVD. W.  
SUITE 10  
JACKSONVILLE, FL 32256 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:** MANSFIELD, JENNIFER A JD  
**Address:** 8280 PRINCETON SQUARE BLVD. W. SUITE 10  
**City-St-Zip:** JACKSONVILLE, FL 32256 US

**Title:** CE  
**Name:** WITMEIER, MELISSA  
**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:** CEO  
**Name:** MARZULLO, DENISE M  
**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 MARZULLO

CEO

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date