


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90161 009 \*\*\*\*70.00

<b>DOCUMENT # 726916</b> 1. Entity Name <b>MARION-CITRUS MENTAL HEALTH CENTERS, INC.</b>					
Principal Place of Business <b>5664 SW 60TH AVENUE, BLDG 1 OCALA, FL 34477 US</b>			Mailing Address <b>5664 SW 60TH AVENUE BUILDING 1 OCALA, FL 34477 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>51-0177273</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>RASCO, RUSSELL 4575 SE 48TH PLACE RD. OCALA, FL 34480</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ASCHLIMAN, DEAN 421 NE 48TH AVE OCALA, FL 34470</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Poliseno, Charles 3600 W SOVERIEGN PATH, SUITE 291 LEICANTO, FL 34461</b>
<b>V POLISENO, CHARLES 110 N APOPKA INVERNESS, FL 34450</b>		<input checked="" type="checkbox"/> Delete		<b>V O'STEAN, G. DAN 4394 N. INDIANHEAD RD HERNANDO, FL 34442</b>	
<b>T GREEN, ROBERT E 2435 SW 20TH COURT OCALA, FL 34474</b>		<input checked="" type="checkbox"/> Delete		<b>T Bufford, Vinessa 850 NE 36TH AVE Unit D OCALA, FL 34470</b>	
<b>S BUFFORD, VINESSA 1841 SE 38TH COURT OCALA, FL 34471</b>		<input checked="" type="checkbox"/> Delete		<b>S Wood, Jessica Post Office Box 1119 Silver Springs, FL 34489</b>	
<b>T OTT, KAREN TWO N SHADOW WOOD DRIVE INVERNESS, FL 34450</b>		<input checked="" type="checkbox"/> Delete		[Empty Row]	
[Empty Row]		<input type="checkbox"/> Delete		[Empty Row]	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: <u>Russell Rasco</u> <u>Russell Rasco, Ex. Dir</u> <u>4-20-05 (352) 291-5455</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					