2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# 728856

Entity Name: SOUTH COUNTY MENTAL HEALTH CENTER, INC.

Current Principal Place of Business:

16158 S. MILITARY TRAIL
DELRAY BEACH, FL 334843501

New Principal Place of Business:

Current Mailing Address:

16158 S. MILITARY TRAIL
DELRAY BEACH, FL 334843501

New Mailing Address:

FEI Number: 59-1519622 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPEICHER, JOSEPH S
16158 S. MILITARY TRAIL
DELRAY BEACH, FL 334843501 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:	D	( ) Delete
Name:	KASSERMAN, ADELE	
Address:	5420 VIBURNUM CIRCLE	
City-St-Zip:	DELRAY BEACH, FL 33484	
Title:	D	( ) Delete
Name:	HARRIS, JEAN	
Address:	875 E. CAMINO REAL, #9B	
City-St-Zip:	BOCA RATON, FL	
Title:	DD	( ) Delete
Name:	ORGEL, SEYMOUR	
Address:	13647 WHIPPET WAY WEST	
City-St-Zip:	DELRAY BEACH, FL 33484	
Title:	P	( ) Delete
Name:	RUBIN, KENNETH S	
Address:	695 ENFIELD CT	
City-St-Zip:	DELRAY BEACH, FL 33444	
Title:	S	( ) Delete
Name:	GERSON, THRODORE DR	
Address:	367 GLENBROOK DRIVE	
City-St-Zip:	ATLANTIS, FL 33462	
Title:	VP	( ) Delete
Name:	MASON, INGRID A	
Address:	9277 LAKESIDE LANE	
City-St-Zip:	BOYNTON BEACH, FL 33437	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KENNTH RUBIN PRES 04/28/2005

Electronic Signature of Signing Officer or Director — Date