

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728856

FILED
Apr 23, 2007
Secretary of State

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 CEO
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: MRS. () Delete
Name: MASON, INGRID PRESIDE
Address: 3100 FERNWOOD DRIVE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: MR. () Delete
Name: ORGEL, SEYMOUR VP
Address: 13647 WHIPPET WAY WEST
City-St-Zip: DELRAY BEACH, FL 33484

Title: DR. () Delete
Name: GERSON, THEODORE TREASUR
Address: 367 GLENBROOK DRIVE
City-St-Zip: ATLANTIS, FL 33462

Title: MR. () Delete
Name: SCHULBAUM, ROBERT SECRETA
Address: 15473 FIORENZA CIRCLE
City-St-Zip: DELRAY BEACH, FL 33446

Title: MR. () Delete
Name: RUBIN, KENNETH S PAST PR
Address: 695 ENFIELD COURT
City-St-Zip: DELRAY BEACH, FL 33484

Title: MR. () Delete
Name: BEHRMAN, FRANK ESQ
Address: 13650 WHIPPET WAY W
City-St-Zip: DELRAY BEACH, FL 33484

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
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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 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: INGRID MASON

MS.

04/23/2007

Electronic Signature of Signing Officer or Director

Date