

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728856

FILED
Aug 21, 2009
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 (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SPEICHER, JOSEPH S CEO
16158 S. MILITARY TRAIL
DELRAY BEACH, FL 334843501 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

Title: MS. () Delete
Name: WHIGHAM, GLADYS SECRETA
Address: 345 S. CONGRESS AVENUE
City-St-Zip: DELRAY BEACH, FL 33445

Title: MS. () Delete
Name: MASON, INGRID PAST PR
Address: 3100 FERNWOOD DRIVE
City-St-Zip: BOYNTON BEACH, FL 33435

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: MR. (X) Change () Addition
Name: SCHULBAUM, ROBERT TREASUR
Address: 15474 FIORENZA CIRCLE
City-St-Zip: DELRAY BEACH, FL 33446

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

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

Title: CHIE (X) Change () Addition
Name: STRIANESE, ANTHONY W
Address: 300 WEST ATLANTIC AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

I hereby certify that the information supplied with this filing does not qualify 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: SEYMOUR ORGEL

PRES

08/21/2009

Electronic Signature of Signing Officer or Director

Date