

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90091 024 ****70.00

DOCUMENT # 730286

1. Entity Name

HENDRY-GLADES MENTAL HEALTH CLINIC, INC.



Principal Place of Business

**80 EUCLID PL
LABELLE FL 33935
US**

Mailing Address

**PO BOX 87
LABELLE FL 33935
US**

90009583



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1558636**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOSICK, JOSEPH
601 WEST ALVERDEZ
CLEWISTON FL 33440**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 *No Change*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **SHUPE, CHRISTOPHER**
STREET ADDRESS **4290 ASPEN BLVD SW**
CITY-ST-ZIP **LABELLE FL 33935**

TITLE **D** ☐ Change ☒ Addition
NAME **Harris Friedman, Ph.D.**
STREET ADDRESS **1255 Tom Coker Road**
CITY-ST-ZIP **LaBelle, FL 33935**

TITLE **D** ☐ Delete
NAME **FORBES, JAMES MD**
STREET ADDRESS **P O BOX 1085**
CITY-ST-ZIP **CLEWISTON FL 33440**

TITLE **D** ☐ Change ☒ Addition
NAME **Paul K. Puletti**
STREET ADDRESS **110 Hardee Road**
CITY-ST-ZIP **LaBelle, FL 33935**

TITLE **T** ☐ Delete
NAME **LEE, RONNIE**
STREET ADDRESS **PO BOX 579**
CITY-ST-ZIP **LABELLE FL 33975**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GRANT, WARREN**
STREET ADDRESS **4020 RAINBOW CIR**
CITY-ST-ZIP **LABELLE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **HAMPTON, PEGGY**
STREET ADDRESS **PO BOX 1019**
CITY-ST-ZIP **LABELLE FL 33975**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Delete
NAME **VALUANT, MARTHA**
STREET ADDRESS **P.O. BOX 70**
CITY-ST-ZIP **LABELLE FL 33975**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE REQUIRED V-1

1-20-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)