

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730900

FILED
Jan 11, 2012
Secretary of State

Entity Name: MENTAL HEALTH CARE INC. FOUNDATION

Current Principal Place of Business:

5707 NORTH 22ND STREET
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

5707 NORTH 22ND STREET
TAMPA, FL 33610

New Mailing Address:

FEI Number: 59-1622729

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PIZZO, PAUL ESQUIRE
501 E KENNEDY BLVD
SUITE 1700
TAMPA, FL 33602 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: COBT
Name: HUNTER, DAVID
Address: 3813 MISTY WILLOW WAY
City-St-Zip: LUTZ, FL 33558

Title: VCCH
Name: WILLIS, JEFF
Address: 196 BLANCA AVENUE
City-St-Zip: TAMPA, FL 33606

Title: TRES
Name: SHIVERS, OLIN
Address: 100 NORTH TAMPA STREET, #2700
City-St-Zip: TAMPA, FL 33602

Title: SEC
Name: SIKORSKI, RAY
Address: 6302 BENJAMIN ROAD, SUITE 311
City-St-Zip: TAMPA, FL 33634

Title: DIR
Name: FRASHIER, KAREN M
Address: 5707 NORTH 22ND STREET
City-St-Zip: TAMPA, FL 33610

I hereby 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 all other like empowered.

SIGNATURE: KAREN M FRASHIER

DIR

01/11/2012

Electronic Signature of Signing Officer or Director

Date