
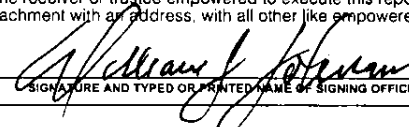


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90003 048 ****61.25

DOCUMENT # 734578 1. Entity Name NORTHSIDE MENTAL HEALTH CENTER, INC.					
Principal Place of Business 12512 BRUCE B. DOWNS BLVD. TAMPA, FL 33612			Mailing Address 12512 BRUCE B. DOWNS BLVD. TAMPA, FL 33612		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-1641327	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BROWN, MARSHA LEWIS 12512 BRUCE B DOWNS BLVD TAMPA, FL 33612					
7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY - ST - ZIP	VD APRILE, CYNTHIA 1112 WEST RIVER DRIVE TEMPLE TERRACE, FL 33617 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD JOHNSON, WILLIAM CPA 3804 GUNN HIGHWAY TAMPA, FL 336244720 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ROSS, ESTELLE 6206 FAIRWAY ONE DR VALRICO, FL 335948233 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SHATTLES, LINDA 7934 PINE DRIVE TEMPLE TERRACE, FL 33637 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Frank Turano 6210 Boone Drive Tampa, FL 33625 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  William Johnson 2.17.07 (813)265-2717 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40026253



02162007 Chg-NP CR2E037 (12/06)