

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734578

FILED  
Feb 13, 2009  
Secretary of State

**Entity Name:** NORTHSIDE MENTAL HEALTH CENTER, INC.

**Current Principal Place of Business:**

12512 BRUCE B. DOWNS BLVD.  
TAMPA, FL 33612

**New Principal Place of Business:**

**Current Mailing Address:**

12512 BRUCE B. DOWNS BLVD.  
TAMPA, FL 33612

**New Mailing Address:**

**FEI Number:** 59-1641327

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BROWN, MARSHA LEWIS  
12512 BRUCE B DOWNS BLVD  
TAMPA, FL 33612 US

**Name and Address of New Registered Agent:**

LEWIS BROWN, MARSHA  
12512 BRUCE B DOWNS BLVD  
TAMPA, FL 33612 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: MARSHA LEWIS BROWN

02/13/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: APRILE, CYNTHIA  
Address: 1112 WEST RIVER DRIVE  
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: TD ( ) Delete  
Name: JOHNSON, WILLIAM CPA  
Address: 3804 GUNN HIGHWAY  
City-St-Zip: TAMPA, FL 336244720

Title: VD ( ) Delete  
Name: TURANO, FRANK  
Address: 6210 BOONE DRIVE  
City-St-Zip: TAMPA, FL 33625

Title: SD ( ) Delete  
Name: SHATTLES, LINDA  
Address: 7934 PINE DRIVE  
City-St-Zip: TEMPLE TERRACE, FL 33637

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: TURANO, FRANK  
Address: 6210 BOONE DRIVE  
City-St-Zip: TAMPA, FL 33625

Title: VD (X) Change ( ) Addition  
Name: MARTINEZ, ELVIN  
Address: 800 E. KENNEDY BOULEVARD, 5TH FLOOR  
City-St-Zip: TAMPA, FL 33602

Title: TD (X) Change ( ) Addition  
Name: JOHNSON, WILLIAM  
Address: 3804 GUNN HIGHWAY  
City-St-Zip: TAMPA, FL 33624

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

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: WILLIAM JOHNSON

TD

02/13/2009

Electronic Signature of Signing Officer or Director

Date