

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734578

FILED
Feb 15, 2011
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:

LEWIS BROWN, MARSHA
12512 BRUCE B DOWNS BLVD
TAMPA, FL 33612 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: PD
Name: TONE, DIANE
Address: 6114 E. 111TH AVENUE
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: VD
Name: SHATTLES, LINDA
Address: 7934 PINE DRIVE
City-St-Zip: TEMPLE TERRACE, FL 33637

Title: TD
Name: JOHNSON, WILLIAM
Address: 3804 GUNN HIGHWAY
City-St-Zip: TAMPA, FL 33624

Title: SD
Name: SYKES, FRANCES
Address: 13327 LAKE GEORGE PLACE
City-St-Zip: TAMPA, FL 33618

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: WILLIAM JOHNSON

TD

02/15/2011

Electronic Signature of Signing Officer or Director

Date