

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735870

FILED
Jan 04, 2011
Secretary of State

Entity Name: OSCEOLA MENTAL HEALTH, INC.

Current Principal Place of Business:

206 PARK PLACE BLVD
KISSIMMEE, FL 34741 US

New Principal Place of Business:

Current Mailing Address:

206 PARK PLACE BLVD
KISSIMMEE, FL 34741 US

New Mailing Address:

FEI Number: 59-1677912

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHANKS, JAMES A CEO
206 PARK PLACE BLVD
KISSIMMEE, FL 34741 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: C
Name: JANCEWICZ, STEFANIA
Address: 2 COURTHOUSE SQUARE
City-St-Zip: KISSIMMEE, FL 34744

Title: D
Name: GOODWIN-NICHOLS, LINDA
Address: 931 WEST OAK STREET
City-St-Zip: KISSIMMEE, FL 34741

Title: D
Name: TOMPKINS, MARCIA K
Address: 1731 BOGGY CREEK ROAD
City-St-Zip: KISSIMMEE, FL 34744

Title: VC
Name: TURNER, MICHAEL
Address: 1300 NINTH STREET
City-St-Zip: SAINT CLOUD, FL 347693399

Title: S/T
Name: MORGAN, JON
Address: 2 COURTHOUSE SQUARE
City-St-Zip: KISSIMMEE, FL 34744

Title: D
Name: COLE, KEVIN
Address: 719 PARK LAKE CIRCLE
City-St-Zip: ORLANDO, FL 32803

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: JAMES A SHANKS

CEO

01/04/2011

Electronic Signature of Signing Officer or Director

Date