

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748518

FILED  
Jan 08, 2010  
Secretary of State

**Entity Name:** WESTERN PALM BEACH COUNTY MENTAL HEALTH CLINIC, INC.

**Current Principal Place of Business:**

408 S.E. MLK JR BLVD  
BELLE GLADE, FL 33430 US

**New Principal Place of Business:**

**Current Mailing Address:**

9774 BOWLINE DRIVE  
201  
WEST PALM BEACH, FL 33411

**New Mailing Address:**

**FEI Number:** 59-1968743      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

AMATO, JOSEPH  
9774 BOWLINE DRIVE  
201  
WEST PALM BEACH, FL 33411 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: P  
Name: GILBERT, DOROTHY  
Address: 605 SW 13TH STREET  
City-St-Zip: BELLE GLADE, FL 33430 US

Title: S  
Name: SCHENCK, KENNETH  
Address: 357 KISMET AVENUE  
City-St-Zip: PAHOKEE, FL 33476 US

Title: V  
Name: WOODHAM, LEIGH  
Address: 833 FLEMING DRIVE  
City-St-Zip: BELLE GLADE, FL 33430 US

Title: T  
Name: AMATO, JOSEPH  
Address: 9774 BOWLINE DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33411 US

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: JOSEPH AMATO

T

01/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date