2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2003 8:00 am
Secretary of State
07-10-2003 90115 021 ****70.00

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DOCUMENT # 748518

1. Entity Name

WESTERN PALM BEACH COUNTY MENTAL HEALTH CLINIC, INC.

Principal Place of Business	Mailing Address
408 SE AVENUE E BELLE GLADE FL 33430 US	408 SE AVENUE E BELLE GLADE FL 33430 US

2. Principal Place of Business	3. Mailing Address
408 SE MLK JR BLVD	408 SE MLK JR BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BELLE GLADE FL	City & State: BELLE GLADE, FL
Zip: 33430 Country: US	Zip: 33430 Country: US

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-1968743 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AMATO, JOSEPH 14201 GREENTREE TRAIL WEST PALM BEACH FL 33414	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 Joseph Amato JOSEPH AMATO, CEO 7/8/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
After September 10, 2003, min will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD SCHENCK, KENNETH 357 KISMET AVE PAHOKEE FL	☐ Delete	TITLE D NAME MEREDITH, JEANELLE STREET ADDRESS 800 S MAIN STREET CITY-ST-ZIP BELLE GLADE, FL 33430	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD WOODHAM, LEIGH 833 FLEMING DRIVE BELLE GLADE FL 33430	☐ Delete	TITLE D NAME CALSETTA, TERRI STREET ADDRESS 164 PAR DRIVE CITY-ST-ZIP ROYAL PALM BEACH, FL 33411	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WILLFORD, DOROTHY 605 SW 13TH STREET BELLE GLADE FL	☐ Delete	TITLE SD NAME GILBERT, DOROTHY STREET ADDRESS 605 SW 13th ST CITY-ST-ZIP BELLE GLADE, FL 33430	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CLAY, IRENE 1216 SW AVENUE C PL BELLE GLADE FL	☐ Delete	TITLE D NAME SMITH, BOBBY "TONY", CITY MANAGER STREET ADDRESS CITY OF BELLE GLADE, 251 NE AVENUE B CITY-ST-ZIP BELLE GLADE FL 33430	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACKSON, MICHAEL 335 SW 2ND STREET SOUTH BAY FL 33493	☒ Delete	TITLE D NAME PURSELL, PHYLLIS STREET ADDRESS 1600 GATOR BLVD CITY-ST-ZIP BELLE GLADE, FL 33430	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALFONSO, DANIEL 2625 SR 715 BELLE GLADE FL 33430	☒ Delete	TITLE D NAME RIDGDILL, SHERIDA STREET ADDRESS 651 NW 9th STREET CITY-ST-ZIP BELLE GLADE, FL 33430	☐ Change	☒ Addition

CR2E037 (4/03)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Joseph Amato JOSEPH AMATO CEO 7/8/03 561-992-1330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #