

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754108

FILED
May 01, 2006
Secretary of State

Entity Name: LOCK TOWNS COMMUNITY MENTAL HEALTH CENTER, INC.

Current Principal Place of Business:

1110 NE 169 TERR.
N. MIAMI BEACH, FL 33167 US

New Principal Place of Business:

1909 TYLER STREET, 8TH FLOOR
HOLLYWOOD,, FL 33020 US

Current Mailing Address:

1110 NE 169 TERR.
N. MIAMI BEACH, FL 33167 US

New Mailing Address:

1909 TYLER STREET, 8TH FLOOR
HOLLYWOOD, FL 33020 US

FEI Number: 59-2024994 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NEWMAN, HOWARD
20201 NW 37TH AVENUE
MIAMI, FL 33056 US

Name and Address of New Registered Agent:

KNOBEL, MARK R
1909 TYLER STREET, 8TH FLOOR
HOLLYWOOD, FL 33020 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: MARK R. KNOBEL

05/01/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KNOBEL, MARK
Address: 20201 NW 37TH AVE
City-St-Zip: MIAMI, FL 33056

Title: D (X) Delete
Name: NEWMAN, HOWARD
Address: 20201 NW 37TH AVE
City-St-Zip: MIAMI, FL 33056

Title: V (X) Delete
Name: BACK, SHARON
Address: 20201 NW 37TH AVENUE
City-St-Zip: MIAMI, FL

Title: T (X) Delete
Name: MARKELSON, ALLEN
Address: 20201 NW 37TH AVE
City-St-Zip: MIAMI, FL 33056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: KNOBEL, MARK
Address: 1909 TYLER STREET, 8TH FLOOR
City-St-Zip: HOLLYWOOD, FL 33020

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK R. KNOBEL

DP

05/01/2006

Electronic Signature of Signing Officer or Director

Date