

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758612

FILED
Jan 13, 2006
Secretary of State

Entity Name: DIRECTIONS FOR MENTAL HEALTH, INC,

Current Principal Place of Business:

1437 SOUTH BELCHER ROAD
CLEARWATER, FL 33764 US

New Principal Place of Business:

Current Mailing Address:

1437 SOUTH BELCHER ROAD
CLEARWATER, FL 33764 US

New Mailing Address:

FEI Number: 59-2092715

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIGGS, R T
1437 S BELCHER RD
CLEARWATER, FL 33764 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 () Delete
Name: RIGGS, R THOMAS
Address: 1437 S BELCHER ROAD
City-St-Zip: CLEARWATER, FL 33764

Title: CD () Delete
Name: PHILLIPS, CRAIG
Address: 611 DRUID ROAD SUITE 707
City-St-Zip: CLEARWATER, FL 33756

Title: TD () Delete
Name: JACKSON, ROBERT H
Address: 2560 GULF-TO-BAY BLVD SUITE 200
City-St-Zip: CLEARWATER, FL 33765

Title: VD () Delete
Name: CHAMBERS, MATTHEW
Address: 601 CLEVELAND ST, STE 900
City-St-Zip: CLEARWATER, FL 33755

Title: SD () Delete
Name: VOGELBACHER, PIERRE
Address: 2560 GULF TO BAY BLVD, STE 300
City-St-Zip: CLEARWATER, FL 33756

Title: D () Delete
Name: HERRINGTON, NEVIS
Address: 7474 DREW OAKS DRIVE
City-St-Zip: SEMINOLE, FL 33772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D (X) Change () Addition
Name: MACARIO, SARAH
Address: 1546 MAIN STREET
City-St-Zip: DUNEDIN, FL 34698

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: R T RIGGS

PRES

01/13/2006

Electronic Signature of Signing Officer or Director

Date