

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Apr 22, 2009**  
**Secretary of State**

DOCUMENT# 758612

**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 (X)****Name and Address of Current Registered Agent:**RIGGS, R THOMAS PRES  
1437 S BELCHER RD  
CLEARWATER, FL 33764 US**Name and Address of New Registered Agent:**LOMAKA, DAVID J PRES  
1437 S BELCHER RD  
CLEARWATER, FL 33764 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: DAVID J. LOMAKA

04/22/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

Title: VC ( ) Delete  
Name: SIETSMA, DAVID V-CHAIR  
Address: 2111 DREW STREET  
City-St-Zip: CLEARWATER, FL 33758

Title: S ( ) Delete  
Name: BRELAND, ELEANOR SEC  
Address: CITY OF CLEARWATER, P.O. BOX 4748  
City-St-Zip: CLEARWATER, FL 33758 47

Title: T ( ) Delete  
Name: CHIP, JACKSON TREAS  
Address: 2560 GULF TO BAY BLVD, STE 200  
City-St-Zip: CLEARWATER, FL 33765

Title: D ( ) Delete  
Name: MACARIO, SARAH DIR  
Address: 950 WEXFORD LEAS BLVD  
City-St-Zip: PALM HARBOR, FL 34683

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: LOMAKA, DAVID J PRES  
Address: 1437 S BELCHER ROAD  
City-St-Zip: CLEARWATER, FL 33764

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:

I hereby certify that the information supplied with this filing does not qualify 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: DAVID J. LOMAKA

PRES

04/22/2009

Electronic Signature of Signing Officer or Director

Date