2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#758612

FILED Jan 14, 2010 Secretary of State

Entity Name: DIRECTIONS FOR MENTAL HEALTH, INC,

Current Principal Place of Business: New Principal Place of Business:

1437 SOUTH BELCHER ROAD CLEARWATER, FL 33764 US

Current Mailing Address: New Mailing Address:

1437 SOUTH BELCHER ROAD CLEARWATER, FL 33764 US

FEI Number: 59-2092715 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: I

Name: LOMAKA, DAVID J PRES Address: 1437 S BELCHER ROAD City-St-Zip: CLEARWATER, FL 33764

Title: C

Name: CHAMBERS, MATTHEW CHAIR
Address: 601 CLEVELAND ST, STE 900
City-St-Zip: CLEARWATER, FL 33755

Title: VC

Name: SIETSMA, DAVID V-CHAIR Address: 2111 DREW STREET City-St-Zip: CLEARWATER, FL 33758

Title: 5

Name: BRELAND, ELEANOR SEC Address: 1157 ALMA ST City-St-Zip: CLEARWATER, FL 33756

Title: 7

Name: CHIP, JACKSON TREAS

Address: 2560 GULF TO BAY BLVD, STE 200

City-St-Zip: CLEARWATER, FL 33765

Title: [

Name: MACARIO, SARAH DIR Address: 950 WEXFORD LEAS BLVD City-St-Zip: PALM HARBOR, FL 34683

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: DAVID J. LOMAKA PRES 01/14/2010