FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE

DOCUMENT # **762852** **(2)**

1. Corporation Name
DAVID LAWRENCE MENTAL HEALTH CENTER, INC.

Principal Place of Business	Mailing Address
6075 GOLDEN GATE PARKWAY NAPLES FL 33999	6075 GOLDEN GATE PARKWAY NAPLES FL 33999

3. Date Incorporated or Qualified: **04/13/1982**
3a. Date of Last Report: **02/14/1994**
4. FEI Number: **59-2206025** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHIMMEL, DAVID C. 6075 GOLDEN GATE PARKWAY NAPLES FL 33999	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	PAST PRESIDENT	☒ Change ☐ Addition
NAME	KILLILEA, KEVIN	12 NAME		
STREET ADDRESS	623 CORAL DRIVE	13 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	14 CITY-ST-ZIP		
TITLE	V	21 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	HAYNES, CLAUDE	22 NAME		
STREET ADDRESS	4888 WEST BLVD	23 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	24 CITY-ST-ZIP		
TITLE	T	31 TITLE		☐ Change ☐ Addition
NAME	PERERO, EDUARDO	32 NAME		
STREET ADDRESS	511 HENLEY DR	33 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	34 CITY-ST-ZIP		
TITLE	S	41 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	CAMERON, SCOTT R.	42 NAME		
STREET ADDRESS	1250 N. TAMIAMI TRAIL, #101	43 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	WILSON, GEORGE	52 NAME		
STREET ADDRESS	3001 N TAMIAMI TRAIL	53 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	SCHIMMEL, DAVID	62 NAME		
STREET ADDRESS	6075 GOLDEN GATE PKWY	63 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David C. Schimmel 4/28/95 813/455-1031
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DAVID C. SCHIMMEL, EXECUTIVE DIRECTOR

0082068