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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # 762852 (2)

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

Principal Place of Business	Mailing Address
6075 GOLDEN GATE PARKWAY NAPLES FL 34116 US	6075 GOLDEN GATE PARKWAY NAPLES FL 33999

3. Date Incorporated or Qualified: 04/13/1982

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26 6075 Golden Gate Parkway
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 Naples, FL
24 Zip / 25 Country	29 Zip 34116 / 30 Country

9. Name and Address of Current Registered Agent

SCHIMMEL, DAVID C.
6075 GOLDEN GATE PARKWAY
NAPLES FL 34116

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD D CAMERON, R. SCOTT 1250 N. TAMIAMI TRAIL, #101 NAPLES FL 33940	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	VICE PRESIDENT VPD D MICHAEL MORRIS 400 4th Ave North NAPLES, FL 34102	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD D MCKIM, ANN 3055 RIVIERA DRIVE, #203 NAPLES FL 33940	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	PRESIDENT D MCKIM, ANN 3055 RIVIERA DRIVE, #203 NAPLES, FL 34102	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD D CHIARO, MARIA J 735 EIGHTH STREET SOUTH NAPLES FL 33940	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	TREASURER D KELLY, SHAUN 801 ANCHOR RODE DRIVE NAPLES, FL 34103	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D D HAYNES, CLAUDE 4888 WEST BOULEVARD NAPLES FL 33940	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	SECRETARY D KIM ROGGERS BOYD 975 6th AVE SOUTH, SUITE #104 NAPLES, FL 34102	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHIMMEL, DAVID C 6075 GOLDEN GATE PARKWAY NAPLES FL 33999	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing 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: [illegible] CEO 5-30-98 941 455 1031