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02-23-1999 90102 032 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **762852**

1. Corporation Name

DAVID LAWRENCE MENTAL HEALTH CENTER, INC.

* 1 8 4 8 7 4 *
104074 · 90102 · 32

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

2. Principal Place of Business
21 Same as above
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27 6075 Golden Gate Parkway
City & State
28 Naples, FL.
Zip 29 34116 Country 30

3. Date Incorporated or Qualifed
04/13/1982

4. FEI Number
59-2206025
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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] David C. Schimmel 1-6-99
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	VPD	☒ DELETE	1.1 TITLE	President	☒ Change ☐ Addition
NAME	MORRIS, MICHAEL		1.2 NAME	Morris, Michael	
STREET ADDRESS	400 4TH AVE N		1.3 STREET ADDRESS	801 Laurel Oak Drive	
CITY-ST-ZIP	NAPLES FL 34102		1.4 CITY-ST-ZIP	Naples, FL. 34108	
TITLE	PD	☒ DELETE	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	MCKIM, ANN		2.2 NAME	Boyd, Kim Rodgers	
STREET ADDRESS	3055 RIVIERA DR, #203		2.3 STREET ADDRESS	405 Fifth Avenue, South, Suite #6	
CITY-ST-ZIP	NAPLES FL 33940		2.4 CITY-ST-ZIP	Naples, FL. 34102	
TITLE	TD	☒ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	KELLY, SHAUN		3.2 NAME	Gast, John	
STREET ADDRESS	801 ANCHOR RODE DR		3.3 STREET ADDRESS	850 Parkshore Dr. Trianon Centre, 3rd Flr.	
CITY-ST-ZIP	NAPLES FL 33940		3.4 CITY-ST-ZIP	Naples, FL 34103	
TITLE	SD	☒ DELETE	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	BOYD, KIM RODGERS		4.2 NAME	Kelly, Shaun	
STREET ADDRESS	975 6TH AVE S, SUITE 104		4.3 STREET ADDRESS	801 Anchor Rode Drive	
CITY-ST-ZIP	NAPLES FL 34102		4.4 CITY-ST-ZIP	Naples, FL 34103	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/6/99 941-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #