2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004
Secretary of State

DOCUMENT# 762852

Entity Name: DAVID LAWRENCE MENTAL HEALTH CENTER, INC.

Current Principal Place of Business:

6075 GOLDEN GATE PARKWAY
NAPLES, FL 34116 US

New Principal Place of Business:

Current Mailing Address:

6075 GOLDEN GATE PARKWAY
NAPLES, FL 34116

New Mailing Address:

FEI Number: 59-2206025 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:	SD	( ) Delete
Name:	BARTON, PAT	
Address:	605 PALM E	
City-St-Zip:	NAPLES, FL 34102 US	
Title:	PD	( ) Delete
Name:	PEZESHKAN, LINDA	
Address:	2309 HARRIER RUN	
City-St-Zip:	NAPLES, FL 34105 US	
Title:	D	( ) Delete
Name:	GAST, JOHN	
Address:	801 LAUREL OAK DRIVE	
City-St-Zip:	NAPLES, FL 34108 US	
Title:	VD	( ) Delete
Name:	WHITNEY, SCOTT	
Address:	22759 FOUNTAIN LAKE BLVD.	
City-St-Zip:	ESTERO, FL 33928 US	
Title:	D	(X) Delete
Name:	ABERNATHY, KENNETH	
Address:	4200 BELAIR LANE #108	
City-St-Zip:	NAPLES, FL 34103 US	
Title:	TD	( ) Delete
Name:	KELLY, SHAUN	
Address:	801 LAUREL OAK DRIVE	
City-St-Zip:	NAPLES, FL 34103	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	SD	(X) Change ( ) Addition
Name:	ABERNATHY, KENNETH	
Address:	4200 BELAIR LANE #108	
City-St-Zip:	NAPLES, FL 34103 US	
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 for the exemption stated in Section 119.07(3)(i), 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: LINDA PEZESHKAN PD 01/09/2004

Electronic Signature of Signing Officer or Director — Date