

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762852

FILED
Feb 07, 2007
Secretary of State

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: PD () Delete
Name: KELLY, SHAUN
Address: 2390 TAMiami TRAIL N, SUITE 206
City-St-Zip: NAPLES, FL 34103 US

Title: VD () Delete
Name: FORRESTER, MARY BETH ESQ.
Address: 24311 WALDEN CENTER DRIVE, SUITE 201
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: TD () Delete
Name: CROWN, HOWARD
Address: 5922 ROLLING OAKS COURT
City-St-Zip: NAPLES, FL 34110 US

Title: SD () Delete
Name: SHERIDAN, EDWARD DR.
Address: 20251 PUMA TRAIL
City-St-Zip: ESTERO, FL 33928 US

Title: D () Delete
Name: PEZESHKAN, LINDA
Address: 2309 HARRIER RUN
City-St-Zip: NAPLES, FL 34105

Title: D () Delete
Name: WEBSTER, GAIL
Address: 8889 PELICAN BAY BLVD., SUITE 100
City-St-Zip: NAPLES, FL 34108 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: CRAWFORD, MARY BETH ESQ.
Address: 24311 WALDEN CENTER DRIVE, SUITE 201
City-St-Zip: BONITA SPRINGS, FL 34134 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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: KIMBERLY MAYEU

AST

02/07/2007

Electronic Signature of Signing Officer or Director

Date