

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762852

FILED
Feb 11, 2011
Secretary of State

Entity Name: DAVID LAWRENCE MENTAL HEALTH CENTER, INC.

Current Principal Place of Business:

6075 BATHEY LANE
NAPLES, FL 34116 US

New Principal Place of Business:

Current Mailing Address:

6075 BATHEY LANE
NAPLES, FL 34116 US

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 BATHEY LANE
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
Name: EDWARD, SHERIDAN
Address: 20251 PUMA TRAIL
City-St-Zip: ESTERO, FL 33928 US

Title: VD
Name: GAST, JOHN PHD
Address: 3301 BONITA BEACH ROAD, SUITE 100
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: TD
Name: VEINTIMILLA, PABLO
Address: 8889 PELICAN BAY BLVD., #202
City-St-Zip: NAPLES, FL 34108 US

Title: SD
Name: FAY, CATHERINE
Address: 4144 SKYWAY DRIVE
City-St-Zip: NAPLES, FL 34112 US

Title: D
Name: MARY BETH, CRAWFORD
Address: 8000 HEALTH CENTER BLVD. #300
City-St-Zip: BONITA SPRINGS, FL 34135

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

I hereby 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 all other like empowered.

SIGNATURE: DAVID C. SCHIMMEL

CEO

02/11/2011

Electronic Signature of Signing Officer or Director

Date