2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770177

FILED Jan 26, 2007 Secretary of State

Entity Name: THE CARE CENTER FOR MENTAL HEALTH, INC.

Current Principal Place of Business: New Principal Place of Business: 1205 4TH STREET 1205 4TH STREET KEY WEST, FL 3304 KEY WEST, FL 33040 **Current Mailing Address: New Mailing Address:** 900 GRIER DR. LAS VEGAS, NV 89119 FEI Number: 59-2331362 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: **BUSINESS FILINGS INCORPORATED** 1203 GOVERNOR'S SQUARE BLVD SUITE 101 TALLAHASSEE, FL 323012960 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SCHRADER, KATHLEEN Name: Name: 203 APACHE STREET Address: Address: City-St-Zip: TAVERNIER, FL 33070 City-St-Zip: Title: VC () Delete Title: () Change () Addition Name: ROWE, HELEN Name: Address: 2100 FLAGLER AVE Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: Title: () Delete Title: (X) Change () Addition CHASTEEN, DALE Name: GEDMIN, JANINE Name: 91900 OVERSEAS HIGHWAY 5525 COLEGE ROAD Address: Address: City-St-Zip: TAVERNIER, FL 33070 City-St-Zip: KEY WEST, FL 33040 Title: () Delete Title: (X) Change () Addition Name: GEDMIN, JANINE Name: BREWER, MARY 5525 COLEGE ROAD Address: Address: 2950 S INDUSTRIAL RD City-St-Zip: KEY WEST, FL 33040 City-St-Zip: LAS VEGAS, NV 89109 Title: () Delete Title: () Change () Addition WALSH, THOMAS Name: Name: 180 28TH AVENUE NORTH Address: Address: ST. PETERSBURG, FL 33704 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change () Addition WADHAMS, JIM WADHAMS JIM Name: Name: Address: 3773 HOWARDHUGHES PKWY Address: 3773 HOWARD HUGHES PKWY 3RD FL S LAS VEGAS, NV 89109 LAS VEGAS, NV 89109 City-St-Zip: 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: PETER VENTRELLA CFO 01/26/2007