

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001046

FILED
May 14, 2009
Secretary of State

Entity Name: ADOLESCENT AND CHILD TARGETS FOR HEALTH FOUNDATION, INC.

Current Principal Place of Business:

4321 COLUMBUS WAY SOUTH
ST. PETERSBURG, FL 33712

New Principal Place of Business:

Current Mailing Address:

4321 COLUMBUS WAY SOUTH
ST. PETERSBURG, FL 33712

New Mailing Address:

FEI Number: 34-1968245 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:

Title: D () Delete
Name: PLATT, LARRY J M.D.
Address: 565 BELLEVUE AVE.
City-St-Zip: OAKLAND, CA 94610

Title: C () Delete
Name: SIMPSON, LISA A M.D.
Address: 3333 BURNETT AVENUE, MLC 7014
City-St-Zip: CINCINNATI, OH 45229

Title: DST () Delete
Name: KELLER, DENNIS F JD
Address: 5151 MONROE STREET
City-St-Zip: TOLEDO, OH 43623

Title: D () Delete
Name: BELL, ROBIN H
Address: 1018 EGRET CT.
City-St-Zip: WESTERVILLE, OH 43082

Title: D () Delete
Name: FRANCE, LANE M.D.
Address: 11274 W. HILLSBOROUGH AVENUE
City-St-Zip: TAMPA, FL 33635

Title: PRES () Delete
Name: WITTENBERG, RICHARD L
Address: 5570 E GALBRAITH ROAD
City-St-Zip: CINCINNATI, OH 45236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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

I hereby certify that the information supplied with this filing does not qualify 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: RICHARD L. WITTENBERG

PRES

05/14/2009

Electronic Signature of Signing Officer or Director

Date