

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

9706  
ANNUAL REPORT  
1996

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jun 16 1997 8:00am  
Secretary of State

DOCUMENT # **G84769** (0)

1. Corporation Name

**MENTAL HEALTH SERVICES, INC.**

Principal Place of Business

**707 CHILLINGWORTH DR  
W PALM BCH FL 33409  
US**

Mailing Address

**412 RIVERSIDE DR.  
PALM BEACH GARDENS FL 33410**

3. Date Incorporated or Qualified

**02/13/1984**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**59-2414746**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

**21 6309 S. Dixie Highway**

2a. Mailing Address

**26 Suite, Apt. #, etc.**

City & State

**23 West Palm Beach, FL**

City & State

**28**

Zip

**24 33405**

Country

**25 P. B.**

Zip

**29**

Country

**30**

9. Name and Address of Current Registered Agent

**POWELL, JOHN B., IV  
325-C CLEMATIS ST  
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PVS**  
STREET ADDRESS **LAFEHR, SUSAN**  
CITY-ST-ZIP **412 RIVERSIDE DR.  
PALM BEACH GARDENS FL**

TITLE ☐ DELETE

NAME **LAFEHR, SUSAN**  
STREET ADDRESS **412 RIVERSIDE DR.**  
CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**Susan Lafehr Hession (evs)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/5/97**  
Date

**561-580-8280**  
Daytime Phone #

CR2E034 (12/95)