

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G84769

FILED
Jul 28, 2004
Secretary of State

Entity Name: MENTAL HEALTH SERVICES, INC.

Current Principal Place of Business:

8028 VIA HACIENDA
PALM BEACH GARDENS, FL 33418 US

New Principal Place of Business:

Current Mailing Address:

8028 VIA HACIENDA
PALM BEACH GARDENS, FL 33418 US

New Mailing Address:

FEI Number: 59-2414746

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: LAFEHR, SUSAN
Address: 8028 VIA HACIENDA
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN LAFEHR BOLLINGER

DR.

07/28/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date