

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90166 040 ***150.00

DOCUMENT # G84769 1. Entity Name MENTAL HEALTH SERVICES, INC.																											
Principal Place of Business 8028 VIA HACIENDA PALM BEACH GARDENS, FL 33418 US		Mailing Address 8028 VIA HACIENDA PALM BEACH GARDENS, FL 33418 US																									
2. Principal Place of Business 3960 NORTHLAKE BLVD Suite, Apt. #, etc. #209		3. Mailing Address Suite, Apt. #, etc. 																									
City & State PALM BEACH GARDENS, FL		City & State 																									
Zip 33410	Country 	Zip 	Country 																								
4. FEI Number 59-2414746		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent POWELL, JOHN B IV 325-C CLEMATIS ST WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name SUSAN LAFEHR Street Address (P.O. Box Number is Not Acceptable) 3960 NORTHLAKE BLVD #209 City PALM BEACH GARDENS FL Zip Code 33410																									
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Susan LaFehr</i></u> SUSAN LAFEHR 4-27-06 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>																											
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																											
SIGNATURE: <u><i>Susan LaFehr</i></u> SUSAN LAFEHR 4-27-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>																									