

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L34862

FILED  
Apr 15, 2008  
Secretary of State

Entity Name: MENTAL HEALTHCARE AMERICA, INC.

## Current Principal Place of Business:

1876-A EIDER COURT  
TALLAHASSEE, FL 32308

## New Principal Place of Business:

## Current Mailing Address:

1876-A EIDER COURT  
TALLAHASSEE, FL 32308

## New Mailing Address:

FEI Number: 59-2989294

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HEVEY, DONALD J.  
1876-A EIDER COURT  
TALLAHASSEE, FL 32308 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HEVEY, DONALD J.,  
Address: 1876-A EIDER COURT  
City-St-Zip: TALLAHASSEE, FL 32308

Title: C ( ) Delete  
Name: MORRISON, DENNIS P PHD  
Address: 645 SOUTH ROGERS ST  
City-St-Zip: BLOOMINGTON, IN 474032367

Title: VC ( ) Delete  
Name: SHREVE, DALE E  
Address: 43343 SECOR ROAD  
City-St-Zip: TOLEDO, OH 43623

Title: ST ( ) Delete  
Name: ROTH, MORRIS L  
Address: 220 RUSKIN DRIVE  
City-St-Zip: COLORADO SPRINGS, CO 80910

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: C (X) Change ( ) Addition  
Name: SHREVE, DALE E  
Address: 4334 SECOR ROAD  
City-St-Zip: TOLEDO, OH 43523 US

Title: VC (X) Change ( ) Addition  
Name: ROTH, MORRIS L  
Address: PO BOX 15318  
City-St-Zip: COLORADO SPRINGS, CO 15318 US

Title: ST (X) Change ( ) Addition  
Name: DAIRE, BARBARA E  
Address: PO BOX 10970  
City-St-Zip: ST PETERSBURG, FL 33733 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD J HEVEY

P

04/15/2008

Electronic Signature of Signing Officer or Director

Date