

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000000573

**FILED**  
**Oct 17, 2006**  
**Secretary of State**

**Entity Name:** YACONA MENTAL HEALTH FOUNDATION, INC.

**Current Principal Place of Business:**

1515 N FEDERAL HWY  
215  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

1515 N FEDERAL HWY  
215  
BOCA RATON, FL 33432

**New Mailing Address:**

**FEI Number:** 65-0980686      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

YACONA, ANTHONY F M.D.  
1515 N FEDERAL HWY  
215  
BOCA RATON, FL 33432 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: ANTHONY F. YACONA, M.D.

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: YACONA, ANTHONY  
Address: 1515 N FEDERAL HWY  
City-St-Zip: BOCA RATON, FL 33432

Title: VPD ( ) Delete  
Name: MARSELLA, GREGG  
Address: 1515 N FEDERAL HWY  
City-St-Zip: BOCA RATON, FL 33432

Title: VPD ( ) Delete  
Name: TUCKER, KEN  
Address: 1515 N FEDERAL HWY  
City-St-Zip: BOCA RATON, FL 33432

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: ANTHONY YACONA

PD

10/17/2006

Electronic Signature of Signing Officer or Director

Date