2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008
Secretary of State

DOCUMENT# N00000000573

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:

1515 N FEDERAL HWY
105
BOCA RATON, FL 33432

Current Mailing Address:

1515 N FEDERAL HWY
215
BOCA RATON, FL 33432

New Mailing Address:

1515 N FEDERAL HWY
105
BOCA RATON, FL 33432

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:

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

Name and Address of New Registered Agent:

MARSELLA, GREGORY Q M.D.
1515 N FEDERAL HWY
105
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: GREGORY Q. MARSELLA, M.D. 05/02/2008
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: PD (X) Change ( ) Addition
Name: YACONA, ANTHONY
Address: 1515 N FEDERAL HWY #105
City-St-Zip: BOCA RATON, FL 33432

Title: VPD (X) Change ( ) Addition
Name: MARSELLA, GREGORY Q M.D.
Address: 1515 N FEDERAL HWY #105
City-St-Zip: BOCA RATON, FL 33432

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

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

SIGNATURE: GREGORY Q. MARSELLA, M.D. VPD 05/02/2008
Electronic Signature of Signing Officer or Director Date