

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000573

FILED  
Apr 25, 2010  
Secretary of State

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

**Current Principal Place of Business:**

1515 N FEDERAL HWY  
105  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

1515 N FEDERAL HWY  
105  
BOCA RATON, FL 33432

**New Mailing Address:**

**FEI Number:** 65-0980686

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MARSELLA, GREGORY Q M.D.  
1515 N FEDERAL HWY  
105  
BOCA RATON, FL 33432 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: YACONA, ANTHONY  
Address: 1515 N FEDERAL HWY #105  
City-St-Zip: BOCA RATON, FL 33432

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

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

I hereby 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 all other like empowered.

SIGNATURE: GREGORY Q. MARSELLA, M.D.

VPD

04/25/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date