

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90093 041 ****61.25

DOCUMENT # N00000006404					
1. Entity Name FLORIDA ASSOCIATION FOR INFANT MENTAL HEALTH, INC.					
Principal Place of Business 5250 SW 84TH STREET. MIAMI, FL 33143			Mailing Address 5250 SW 84TH STREET. MIAMI, FL 33143		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01072007 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-3759909				<input type="checkbox"/> Applied For <input checked="" 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			7. Name and Address of New Registered Agent		
WIL BLECHMAN M.D. 5250 SW 84TH STREET MIAMI, FL 33143-8434			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ARMSTRONG, KATHY 6217 SOUTH QUEENS WAY DRIVE TEMPLE TERRACE, FL 33617		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition WIL BLECHMAN 5250 SW 84 ST MIAMI, FL 33143-8434	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BABCOCK, PATTY 293 PLANTATION HILL ROAD GULF BREEZE, FL 32561		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BRIAN McEWEN 3109 W. AZEELE ST TAMPA, FL 33609	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete MAJCHER, DIANE 5812 CRUISER WAY TAMPA, FL 33615		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CHERIE PAGAN 5688 BRAVEHEART WAY TALLAHASSEE FL 32317	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GRAHAM, MIMI ED.D 1339 E LAFAYETTE ST TALLAHASSEE, FL 32301		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition WENDY SALOMON 840 SW 81 AVE N. LAUDERDALE FL 33068	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GEIGER, PENNY 34186 MEDLIN LANE LILLIAN, AL 36549		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BARBARA WHITE 1339 E. LAFAYETTE ST TALLAHASSEE FL 32301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HANSON, LORI 1900 BISCAYNE BLVD 2ND FLOOR MIAMI, FL 33101		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KATHRYN SHEA 4620 17th ST SARASOTA FL 34235	
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 617, 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>W. J. Blechman</u> <u>W. J. (WIL) BLECHMAN</u> <u>1-24-07</u> <u>305-904-7912</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT
#60009234

Florida Association for Infant Mental Health

Document #N00000006404

2007 Annual Report

Additional Names and Changes for Question #11

D

Kimberly Shaw

Addition

101 S. Newell Drive, Room 3151

Gainesville, FL 32610-0165

S/D

Kathleen Armstrong

Change

6217 South Queens Way Drive

Temple Terrace, FL 33617