

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006404

FILED
Apr 22, 2009
Secretary of State

Entity Name: FLORIDA ASSOCIATION FOR INFANT MENTAL HEALTH, INC.

Current Principal Place of Business:

5250 SW 84TH STREET.
MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

5250 SW 84TH STREET.
MIAMI, FL 33143

New Mailing Address:

FEI Number: 59-3759909

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WIL BLECHMAN M.D.
5250 SW 84TH STREET
MIAMI, FL 331438434 US

Name and Address of New Registered Agent:

BLECHMAN, WILBUR J M.D.
5250 SW 84TH STREET
MIAMI, FL 331438434 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: WILBUR J BLECHMAN

04/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ARMSTRONG, KATHY
Address: 6217 SOUTH QUEENS WAY DRIVE
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: SD () Delete
Name: BABCOCK, PATTY
Address: 293 PLANTATION HILL ROAD
City-St-Zip: GULF BREEZE, FL 32561

Title: TD () Delete
Name: BLECHMAN, WIL
Address: 5250 SW 84 STREET
City-St-Zip: MIAMI, FL 33143

Title: D () Delete
Name: GRAHAM, MIMI ED.D
Address: 1339 E LAFAYETTE ST
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: GEIGER, PENNY
Address: 34186 MEDLIN LANE
City-St-Zip: LILLIAN, AL 36549

Title: D () Delete
Name: HANSON, LORI
Address: 2332 SW 19 TERRACE
City-St-Zip: MIAMI, FL 33145

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:

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

Title: P/D (X) Change () Addition
Name: SHEA, KATHRYN LCSW
Address: 250 LONDONDERRY DRIVE
City-St-Zip: SARASOTA, FL 34235

Title: VP/D (X) Change () Addition
Name: GORSKI, PETER M.D.
Address: 1002 E. PALM AVENUE
City-St-Zip: TAMPA, FL 33605

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: WILBUR J BLECHMAN

T/D

04/22/2009

Electronic Signature of Signing Officer or Director

Date