

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 11, 2010
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:

5250 SW 84TH STREET
MIAMI, FL 33143

Current Mailing Address:

5250 SW 84TH STREET.
MIAMI, FL 33143

New Mailing Address:

5250 SW 84TH STREET
MIAMI, FL 33143

FEI Number: 59-3759909

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLECHMAN, WILBUR J M.D.
5250 SW 84TH STREET
MIAMI, FL 331438434 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: VP/D
Name: ARMSTRONG, KATHY
Address: 6217 SOUTH QUEENS WAY DRIVE
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: T/D
Name: CURTISS, HEATHER
Address: 13101 N. BRUCE B. DOWNS BLVD., CMS 1057
City-St-Zip: TAMPA, FL 33612

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

Title: PP/D
Name: SHEA, KATHRYN LCSW
Address: 250 LONDONDERRY DRIVE
City-St-Zip: SARASOTA, FL 34235

Title: P/D
Name: GORSKI, PETER M.D.
Address: 1002 E. PALM AVENUE
City-St-Zip: TAMPA, FL 33605

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: WILBUR J BLECHMAN

RA

02/11/2010

Electronic Signature of Signing Officer or Director

Date