

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006404

FILED
Feb 14, 2012
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:

2600 EAST BAY DRIVE
SUITE 205
LARGO, FL 33771

Current Mailing Address:

5250 SW 84TH STREET
MIAMI, FL 33143

New Mailing Address:

2600 EAST BAY DRIVE
SUITE 205
LARGO, FL 33771

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:

VITUCCI, JUDI S
2600 EAST BAY DRIVE
SUITE 205
LARGO, FL 33771 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: JUDI S. VITUCCI

02/14/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: MCHALE, JAMES PH.D.
Address: USF ST PETE PSYCHOLOGY, 140 SEVENTH AVE S
City-St-Zip: ST. PETERSBURG, FL 33701

Title: TREA
Name: GRAHAM, MIMI PH.D.
Address: FSU CPEIP, 1339 E. LAFAYETTE ST
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: SEC
Name: VITUCCI, JUDI S
Address: 2600 EAST BAY DRIVE, SUITE 205
City-St-Zip: LARGO, FL 33771 US

Title: VP
Name: PARISH, ALISON
Address: OUNCE OF PREVENTION, 111 N. GADSDEN ST
City-St-Zip: TALLAHASSEE, FL 32301 US

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: JUDI S. VITUCCI

SEC

02/14/2012

Electronic Signature of Signing Officer or Director

Date