2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007459

FILED Mar 23, 2011 Secretary of State

Entity Name: FLORIDA MENTAL HEALTH COUNSELORS ASSOCIATION INC.

Current Principal Place of Business: New Principal Place of Business:

1450 W. SR 434 5201 WEST KENNEDY BLVD

102 110

LONGWOOD, FL 32750 TAMPA, FL 33609

Current Mailing Address: New Mailing Address:

1450 W. SR 434 C/O DEBBIE SHEARL PO BOX 5390

102 CLEARWATER, FL 33758 LONGWOOD, FL 32750

FEI Number: 59-3585118 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LAIRD, CHERYL F DR.

1450 W. SR 434

5201 WEST KENNEDY BLVD

102 110 LONGWOOD, FL 32750 US 110 TAMPA, FL 33609 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: DR. STEPHEN GIUNTA 03/23/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

Name: GIUNTA, STEPHEN DR.

Address: 5201 WEST KENNEDY BLVD #110

City-St-Zip: TAMPA, FL 33609

Title: PE

Name: CECIL-VAN DEN HEUVEL, DENNY DR. Address: 3540 FOREST HILL BLVD #112-B City-St-Zip: WEST PALM BEACH, FL 33406

Title: SD

Name: LUTZO, MARY DR.

Address: THE LEGAL BUILDING-447 3RD AVE N #402

City-St-Zip: ST. PETERSBURG, FL 33701

Title: TD

 Name:
 ERWIN, KATHIE DR.

 Address:
 305 ORANGEWOOD LAND

 City-St-Zip:
 LARGO, FL 33770

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: DR. STEPHEN A. GIUNTA PD 03/23/2011