

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 16, 2010
Secretary of State

Entity Name: FLORIDA SUBSTANCE ABUSE AND MENTAL HEALTH CORPORATION

Current Principal Place of Business:

1317 WINEWOOD BLVD.
BLDG. 1, ROOM 206-B
TALLAHASSEE, FL 323990700 US

New Principal Place of Business:

Current Mailing Address:

1317 WINEWOOD BLVD
BLDG1 SUITE 206B
TALLAHASSEE, FL 323990700 US

New Mailing Address:

1317 WINEWOOD BLVD
BLDG 1 SUITE 206B
TALLAHASSEE, FL 323990700 US

FEI Number: 51-0508777

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIEKALKIEWICZ, ELLEN Z MS
1317 WINEWOOD BLVD
BLDG. 1, ROOM 206-B
TALLAHASSEE, FL 323990700 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: MR
Name: MILLER, DAVID CHAIR
Address: 23543 ABERCORN LANE
City-St-Zip: LAND O' LAKES, FL 34639 US

Title: MR
Name: RODRIGUES, ROCKY VICE CH
Address: 1700 NE 18TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33305 US

Title: MR
Name: SPEISER, MARK SEC/TRE
Address: 3550 GALT OCEAN DRIVE #411
City-St-Zip: FT. LAUDERDALE, FL 33308 US

Title: MS
Name: PIEKALKIEWICZ, ELLEN EXDIR
Address: 1317 WINEWOOD BLVD., BLDG 1, ROOM 206-B
City-St-Zip: TALLAHASSEE, FL 323990700 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: ELLEN PIEKALKIEWICZ

ED

02/16/2010

Electronic Signature of Signing Officer or Director

Date