

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000

FILED
Apr 25, 2007
Secretary of State

Entity Name: MENTAL HEALTH CORPORATIONS OF AMERICA, INC.

Current Principal Place of Business:

1876-A EIDER CT
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

1876-A EIDER CT
TALLAHASSEE, FL 32308 US

New Mailing Address:

FEI Number: 59-2496241

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEVEY, DONALD J.
1876-A EIDER CT
TALLAHASSEE, FL 32308 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: P () Delete
Name: HEVEY, DONALD J.,
Address: 1876 - A EIDER CT
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: DAL () Delete
Name: RANIERI, DANIEL J PHD
Address: 502 W 29TH STREET
City-St-Zip: TUCSON, AZ 85713 US

Title: DS () Delete
Name: RUSHING, SUSAN L PHD
Address: 4101 S MEDFORD DRIVE
City-St-Zip: LUFKIN, TX 75901 US

Title: DVC () Delete
Name: MORRISON, DENNIS P PHD
Address: 645 S ROGERS STREET
City-St-Zip: BLOOMINGTON, IN 47403 US

Title: DC () Delete
Name: BRINKER, ERVIN R
Address: 140 W MICHIGAN AVENUE
City-St-Zip: BATTLE CREEK, MI 49017 US

Title: DT () Delete
Name: KOPERA, ANTHONY A PH. D
Address: 4740 N CLARK STREET
City-St-Zip: CHICAGO, IL 60640

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
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Address:
City-St-Zip:

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

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

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: DONALD J. HEVEY

P

04/25/2007

Electronic Signature of Signing Officer or Director

Date