

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000

FILED
Jan 05, 2011
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

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

Title: DAL
Name: WYRE, CHRIS
Address: PO BOX 1559
City-St-Zip: MURFREESBORO, TN 37133 US

Title: DS
Name: FALVO, DEBRA
Address: 5965 S 900 EAST
City-St-Zip: SALT LAKE CITY, UT 84121 US

Title: DVC
Name: RUSHING, SUSAN
Address: 4101 S MEDFORD DRIVE
City-St-Zip: LUFKIN, TX 75901 US

Title: DC
Name: KOPERA, ANTHONY A PHD
Address: 4740 N CLARK STREET
City-St-Zip: CHICAGO, IL 60640 US

Title: DT
Name: MAYO, JERRY
Address: PO BOX 1030
City-St-Zip: HATTIESBURG, MS 39401 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: DONALD HEVEY

P

01/05/2011

Electronic Signature of Signing Officer or Director

Date