

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006120

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** COASTAL MENTAL HEALTH PARTNERSHIP INC.

**Current Principal Place of Business:**

8130 MIMOSA PL.  
BOYNTON BCH, FL 33472

**New Principal Place of Business:**

**Current Mailing Address:**

8130 MIMOSA PL.  
BOYNTON BCH, FL 33472

**New Mailing Address:**

**FEI Number:** 26-1674551

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CICETTI, PATRICIA  
8130 MIMOSA PL.  
BOYNTON BCH, FL 33472 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: PD ( ) Delete  
Name: CICETTI, PATRICIA  
Address: 8130 MIMOSA PL.  
City-St-Zip: BOYNTON BCH, FL 33472

Title: VAD ( ) Delete  
Name: ALTERMAN, GLEN  
Address: 6 NE 19TH ST.  
City-St-Zip: DELRAY BCH, FL 33444

Title: TD ( ) Delete  
Name: CICETTI, LISA  
Address: 5421 OAKMONT VILLAGE CIR.  
City-St-Zip: LAKE WORTH, FL 33463

Title: D ( ) Delete  
Name: PHILLIPS, DON  
Address: 1825 HILTONIA  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D ( ) Delete  
Name: SOYARS, JOHN  
Address: 185 NE 4TH AVE, APT 206  
City-St-Zip: DELRAY BEACH, FL 33483

Title: D ( ) Delete  
Name: ARBUCKLE, DOUGLAS  
Address: 1901 S. CONGRESS AVE, SUITE 420  
City-St-Zip: BOYNTON BEACH, FL 33426

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VAD (X) Change ( ) Addition  
Name: ALTERMAN, GLENN  
Address: 6 NE 19TH ST.  
City-St-Zip: DELRAY BCH, FL 33444

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  
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: GLENN ALTERMAN

VAD

04/30/2009

Electronic Signature of Signing Officer or Director

Date