

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006120

FILED
Apr 08, 2010
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:

6 NE 19TH ST
DELRAY BEACH, FL 33444

Current Mailing Address:

8130 MIMOSA PL.
BOYNTON BCH, FL 33472

New Mailing Address:

6 NE 19TH ST
DELRAY BEACH, FL 33444

FEI Number: 26-1674551

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CICETTI, PATRICIA
8130 MIMOSA PL.
BOYNTON BCH, FL 33472 US

Name and Address of New Registered Agent:

ALTERMAN, GLENN
6 NE 19TH ST
DELRAY BEACH, FL 33444 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: GLENN ALTERMAN

04/08/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VAD
Name: ALTERMAN, GLENN
Address: 6 NE 19TH ST
City-St-Zip: DELRAY BEACH, FL 33444

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

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

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

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: GLENN ALTERMAN

VAD

04/08/2010

Electronic Signature of Signing Officer or Director

Date