2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2011
Secretary of State

DOCUMENT# N10000005386

Entity Name: PROTECTIVE MENTAL HEALTH SOLUTIONS, INC.

Current Principal Place of Business:

315 WEST PEACHTREE STREET
LAKELAND, FL 33815

New Principal Place of Business:

Current Mailing Address:

315 WEST PEACHTREE STREET
LAKELAND, FL 33815

New Mailing Address:

FEI Number: 27-2863470 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WENDEL, JOHN F
336 WEST HIGHLAND DRIVE SUITE 4
LAKELAND, FL 33813 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: PRES
Name: WHEELER, LINDA C
Address: 315 W. PEACHTREE STREET
City-St-Zip: LAKELAND, FL 33815 US

Title: VP
Name: WHEELER, JUDE M
Address: 315 W. PEACHTREE STREET
City-St-Zip: LAKELAND, FL 33815 US

Title: DIR
Name: JONES, JANICE TEDDER
Address: 811 E. MAIN STREET
City-St-Zip: LAKELAND, FL 33801 US

Title: DIR
Name: EDWARDS, JOHN
Address: 707 WOODLANE
City-St-Zip: POINCIANA, FL 34759 US

Title: DIR
Name: RUFFIN, JOHN
Address: 4622 CRESTVIEW LANE
City-St-Zip: LAKELAND, FL 33813 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: LINDA C. WHEELER PRES 01/31/2011

Electronic Signature of Signing Officer or Director Date