2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000005386

FILED Mar 13, 2012 Secretary of State

Entity Name: PROTECTIVE MENTAL HEALTH SOLUTIONS, INC.

New Principal Place of Business: Current Principal Place of Business:

315 WEST PEACHTREE STREET LAKELAND, FL 33815

Current Mailing Address: New Mailing Address:

315 WEST PEACHTREE STREET LAKELAND, FL 33815

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

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

WENDEL, JOHN F 336 WEST HIGHLAND DRIVE SUITE 4 LAKELAND, FL 33813

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

PRES

WHEELER, LINDA C Name: Address: 315 W. PEACHTREE STREET City-St-Zip: LAKELAND, FL 33815 US

Title:

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

Title: DIR

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

Title: DIR

Name: EDWARDS, JOHN 707 WOODLANE Address:

City-St-Zip: POINCIANA, FL 34759 US

Title: DIR

RUFFIN, JOHN Name:

4622 CRESTVIEW LANE Address: LAKELAND, FL 33813 US City-St-Zip:

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** 03/13/2012