

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000011431

**FILED**  
**Jan 11, 2012**  
**Secretary of State**

**Entity Name:** THE COMMUNITY MENTAL WELLNESS CENTER, P.A.

**Current Principal Place of Business:**

5839 SUNSET FALLS DRIVE  
APOLLO BEACH, FL 33572

**New Principal Place of Business:**

**Current Mailing Address:**

5839 SUNSET FALLS DRIVE  
APOLLO BEACH, FL 33572

**New Mailing Address:**

**FEI Number:** 90-0641443

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PREVATT, KAREN J  
137 S. PEBBLE BEACH BLVD  
SUITE 102  
SUN CITY CENTER, FL 33573 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: PSD  
Name: DUBREUIL, EDMOND D  
Address: 5839 SUNSET FALLS DRIVE  
City-St-Zip: APOLLO BEACH, FL 33572

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: EDMOND DUBREUIL

MR.

01/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date