

**2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Dec 15, 2014  
Secretary of State**

DOCUMENT# N13000010655

**Entity Name:** INSTITUTE FOR THE PREVENTION AND TREATMENT OF CONTAGIOUS MENTAL ILLNESS, INC.

**Current Principal Place of Business:**

3839 NW 7TH PLACE  
DEERFIELD BEACH, FL 33432

**New Principal Place of Business:**

980 N FEDERAL HWY  
110  
BOCA RATON, FL 33432

**Current Mailing Address:**

3839 NW 7TH PLACE  
DEERFIELD BEACH, FL 33432

**New Mailing Address:**

980 N FEDERAL HWY  
110  
BOCA RATON, FL 33432

FEI Number: 61-1723031

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GOARD, ROBERT  
3839 NW 7TH PLACE  
DEERFIELD BEACH, FL 33432 US

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

GOARD, ROBERT  
980 N FEDERAL HWY  
110  
BOCA RATON, FL 33432 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: ROBERT GOARD

12/15/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GOARD, ROBERT  
Address: 980 N FEDERAL HWY #110  
City-St-Zip: BOCA RATON, FL 33432

Title: S  
Name: HERMANS, YVONNE  
Address: 980 N FEDERAL HWY #110  
City-St-Zip: BOCA RATON, FL 33432

Title: T  
Name: MOADEL, MICHAEL  
Address: 980 N FEDERAL HWY #110  
City-St-Zip: BOCA RATON, FL 33432

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: ROBERT GOARD

P

12/15/2014

Electronic Signature of Signing Officer or Director

Date