2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19024

FILED Jan 03, 2012 Secretary of State

Entity Name: UNITED FOR MENTALLY ILL, INC.

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

C/O MR. FRANK KOGUT 600 NORTH CONGRESS AVE

5154 OAK HILL LN., #1011 STE 18

DELRAY BCH., FL 33484 US DELRAY BCH., FL 33445 US

Current Mailing Address: New Mailing Address:

C/O MR. FRANK KOGUT
5154 OAK HILL LN., #1011

HARRIETTE COHEN
3215 NW 12 STREET

DELRAY BCH., FL 33484 US DELRAY BCH., FL 33445 US

FEI Number: 65-0049360 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:

KOGUT, FRANK COHEN, HARRIETTE 5154 OAK HILL LN. APT. 1011 3215 NW 12TH ST

DELRAY BEACH, FL 33484 US DELRAY BEACH, FL 33445 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: HARRIETTE COHEN 01/03/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: TREA

Name: COHEN, HARRIETTE Address: 3215 NW 12TH ST

City-St-Zip: DELRAY BEACH, FL 33445 UN

Title: SD

Name: GALDERISI, GLORIA Address: 819 APPLEBY ST. City-St-Zip: BOCA RATON, FL

Title: D

 Name:
 COOPER, MOLLY

 Address:
 20100 BOCA WEST DR

 City-St-Zip:
 BOCA RATON, FL 33434

Title: T

Name: KOGUT, FRANK Address: 5154 OAKHILL LN. City-St-Zip: DELRAY BEACH, FL

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: HARRIETTE COHEN TREA 01/03/2012