


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # N34005 1. Entity Name FLORIDA ASSOCIATION OF MENTAL HEALTH ADMINISTRATORS, INC.	
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Principal Place of Business 11254 58TH ST NO PINELLAS PARK, FL 33782 US	Mailing Address 11254 58TH ST NO PINELLAS PARK, FL 33782 US
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01142004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0183166	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent WENNLUND, GERALD F 11254 58TH ST NO PINELLAS PARK, FL 33782
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DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FRISCH, JACK A. PHD. 919 NE 13TH STREET FT. LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WEDEKIND, TOM 11254 58TH STREET NORTH PINELLAS PARK, FL 33782
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WENNLUND, GERALD F 11254 58TH ST NO PINELLAS PARK, FL 33782
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U000000009179 01/20/04-80095-001 70.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Gerald F. Wennlund</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	1/14/04 (727) 545-6477 x305 <small>Date Daytime Phone #</small>
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