

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N40700

FILED
May 01, 2002 8:00 AM
Secretary of State

Entity Name: MENTAL HEALTH COMMUNITY CENTERS, INC.

Current Principal Place of Business:

240-B S TUTTLE AVE
SARASOTA, FL 34237 US

New Principal Place of Business:

Current Mailing Address:

240-B S TUTTLE AVE
SARASOTA, FL 34237 US

New Mailing Address:

FEI Number: 65-0238526

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHULTS, THOMAS, ESQUIRE
720 SOUTH ORANGE AVENUE
SARASOTA, FL 34236 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: TD () Delete
Name: BRUNKEN, HARRY
Address: 4022 COUNTRY VIEW DR.
City-St-Zip: SARASOTA, FL 34233

Title: PD (X) Delete
Name: SHULTZ, THOMAS
Address: 720 SOUTH ORANGE AVENUE
City-St-Zip: SARASOTA, FL 34236

Title: SD () Delete
Name: MURPHY, MARVERA
Address: 1222 SEA PLUME WAY
City-St-Zip: SARASOTA, FL 34242

Title: VD () Delete
Name: LA RUSSO, JOSEPH
Address: 4888 TIVOLT AVENUE
City-St-Zip: SARASOTA, FL 34235

Title: M () Delete
Name: VENTIMIGLIA JESSICA, P
Address: 240 B SOUTH TUTTLE
City-St-Zip: SARASOTA, FL 34237

Title: PD () Delete
Name: CANNON, JOHN V III
Address: 200 SOUTH ORANGE AVENUE
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: RAKOFF, MYRA M.
Address: 5165 KESTRAL PARK LANE
City-St-Zip: SARASOTA, FL 34231

Title: VD (X) Change () Addition
Name: LA RUSSO, JOSEPH
Address: 4888 TIVOLI AVENUE
City-St-Zip: SARASOTA, FL 34235

Title: MD (X) Change () Addition
Name: VENTIMIGLIA, JESSICA P
Address: 240 B SOUTH TUTTLE
City-St-Zip: SARASOTA, FL 34237

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JESSICA P. VENTIMIGLIA

MD

05/01/2002

Electronic Signature of Signing Officer or Director

Date