

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002345

FILED
Mar 01, 2010
Secretary of State

Entity Name: THE EDMUND GAINES GRAHAM HOME, INC.

Current Principal Place of Business:

2400 EAST HENRY AVENUE
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

MENTAL HEALTH CARE, INC.
5707 N 22ND STREET
TAMPA, FL 33610

New Mailing Address:

FEI Number: 59-3214834 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PIZZO, PAUL
501 EAST KENNEDY BLVD.
STE. 1700
TAMPA, FL 33602 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: MR.
Name: KING, GUY III
Address: PO BOX 373
City-St-Zip: TAMPA, FL 33601

Title: MR.
Name: BALLAS, EDWARD
Address: 2506 LANCER DRIVE
City-St-Zip: TAMPA, FL 33618

Title: COL
Name: CHOATE, ROBERT
Address: 2866 BAYSHORE TRAILS DRIVE
City-St-Zip: TAMPA, FL 33611

Title: MR.
Name: PEREZ, FRANK JR.
Address: 201 EAST KENNEDY BLVD
City-St-Zip: TAMPA, FL 33601

Title: MR.
Name: COHEN, ANDREW
Address: 6700 LAKEVIEW CENTER DR.
City-St-Zip: TAMPA, FL 33619

Title: MS.
Name: BRENDA, GEOGHAGAN
Address: 5707 N. 22ND STREET
City-St-Zip: TAMPA, FL 33610

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: STEVEN WELCH

CFO

03/01/2010

Electronic Signature of Signing Officer or Director

Date