FILED Feb 18, 2008 8:00 am **Secretary of State**

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	ANNUAL REPORT	

SIGNATURE: Robert Choate

02-18-2008 90007 049 ****70.00 DOCUMENT # N96000006338 HUBERT APARTMENTS, INC. 40026576 Principal Place of Business Mailing Address 5707 NORTH 22ND STREET 5707 NORTH 22ND STREET TAMPA, FL 33610 TAMPA, FL 33610 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01232008 Cha-NP CR2E037 (12/06) City & State City & State 4. FEI Number Applied For 59-3417481 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required - 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MENTAL HEALTH CARE, INC. 5707 NORTH 22ND STREET Street Address (P.O. Box Number is Not Acceptable) 33610, FL 33610 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be * Florida Department of State Due by May 1, 2008 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. D TITLE ☐ Delete TITLE ☐ Change **Addition** NAME ELLIOTT, EDNA NAME Sandra Tabor 5707 N. 22nd St. 111 S BOULEVARD STREET ADDRESS STREET ADDRESS TAMPA, FL 33606 CITY-ST-ZIP CITY-ST-ZIP Tampa FL 33610 STD TITLE ☐ Delete TITLE Change ☐ Addition BALLAS, EDWARD NAME NAME STREET ADDRESS 12382 143RD ST STREET ADDRESS CITY-ST-ZIP LARGO, FL 33774 CITY-ST-ZIP PD TITLE ☐ Delete TITLE Change ☐ Addition CHOATE, ROBERT NAME NAME STREET ADDRESS 2866 BAYSHORE TRAILS DR STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33611 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition RICE, JULIAN NAME NAME 5707 N. 22ND STREET STREET ADDRESS STREET ADORESS CITY-ST-ZIP TAMPA, FL 33610 CITY-ST-ZIP ☐ Defete TITLE TITLE ☐ Change ☐ Addition MASSOLIO, JOHN NAME NAME STREET ADDRESS 3403 FOREST BRIDGE CIR STREET ADDRESS CITY-ST-ZIP BRANDON, FL 33511 CHY-ST-ZIP TITLE ☐ Delete TATLE Change ☐ Addition BARRON, ELIZABETH NAME STREET ADDRESS 3325 BAYSHORE BLVD. SUITE F-34 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33629 CITY-ST-7IP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature spen 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 277. Florida Statutes; and that my same appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Presiden