

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N97000001032

FILED
Oct 21, 2004
Secretary of State**Entity Name:** CENTER OF LIFE A MENTAL HEALTH AGENCY, INC.**Current Principal Place of Business:**206 ATLANTA AVENUE
STUART, FL 34994**New Principal Place of Business:**611 S. FEDERAL HWY
SUITE H
STUART, FL 34994**Current Mailing Address:**206 ATLANTA AVENUE
STUART, FL 34994**New Mailing Address:**611 S. FEDERAL HWY
SUITE H
STUART, FL 34994**FEI Number:** 94-3245339**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FULLER, KATHLEEN
611 N. FEDERAL HWY
STUART, FL 34994 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:** PSTD () Delete
Name: FULLER, KATHLEEN
Address: 206 ATLANTA AVENUE
City-St-Zip: STUART, FL 34994**Title:** D () Delete
Name: CROUCH, DANIELLE M
Address: 265 S.W. PT. ST. LUCIE #180
City-St-Zip: PT. ST. LUCIE, FL 34984**Title:** D () Delete
Name: CROUCH, SHANNON N
Address: 206 ATLANTA AVENUE
City-St-Zip: STUART, FL 34994**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PSTD (X) Change () Addition
Name: FULLER, KATHLEEN
Address: 611 S. FEDERAL HWY. SUITE H
City-St-Zip: STUART, FL 34994**Title:** D (X) Change () Addition
Name: CROUCH, DANIELLE M
Address: 322 SW OCEAN BLVD.
City-St-Zip: STUART, FL 34994**Title:** D (X) Change () Addition
Name: CROUCH, SHANNON N
Address: 9721 ARBOR OAKS LANE #304
City-St-Zip: BOCA RATON, FL 33428

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: KATHLEEN FULLER

DIRE

10/21/2004

Electronic Signature of Signing Officer or Director

Date