

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

03-22-2002 90032 021 ****61.25

DOCUMENT # N98000000091

1. Entity Name

SUNCOAST MENTAL HEALTH CENTER, INC.

Principal Place of Business

Mailing Address

805 VIRGINIA AVE
 15
 FORT PIERCE FL 34982

805 VIRGINIA AVE
 15
 FORT PIERCE FL 34982

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0789152

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EDNEY, STEVEN
 6820 S.W. GAINES AVE.
 STUART FL 34997

Name ~~Barbara Dettelis~~
 Street Address (P.O. Box Number is Not Acceptable)

805 Virginia Ave, Suite 15

City Ft Pierce, FL FL Zip Code 34982

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.

SIGNATURE

Barbara Dettelis
 Signature, typed or printed name of registered agent and title if applicable.
BARBARA DETTELIS

(NOTE: Registered Agent signature required when reinstating)

3-8-02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	RASKIN, DORIS L	
STREET ADDRESS	1320 S. FEDERAL HWY	
CITY-ST-ZIP	STUART FL 34994	
TITLE		<input type="checkbox"/> Delete
NAME	ALONSO, KATHRYN	
STREET ADDRESS	700 CENTRAL PKWY	
CITY-ST-ZIP	STUART FL 34994	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PLUMMER, MELINDA	
STREET ADDRESS	435 SE FLAGLER AVE.	
CITY-ST-ZIP	STUART FL 34994	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, THEODORE	
STREET ADDRESS	2440 S. FEDERAL HWY	
CITY-ST-ZIP	STUART FL 34994	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Athena Scotts	
STREET ADDRESS	207 SW 5th St	
CITY-ST-ZIP	Stuart, FL 34994	D
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steven Edney	
STREET ADDRESS	207 SW 5th St	
CITY-ST-ZIP	Stuart, FL 34994	D
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED

Alvin Lopez
 Signature and typed or printed name of signing officer or director
 Date 4-30-02 Daytime Phone # 772-489-4726

DATE

DAYTIME PHONE #

CR2E037 (9/01)