2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004
Secretary of State

DOCUMENT# N98000000091

Entity Name: SUNCOAST MENTAL HEALTH CENTER, INC.

Current Principal Place of Business:

2814 S US #1
D-4
FORT PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

2814 S US #1
D-4
FORT PIERCE, FL 34982

New Mailing Address:

FEI Number: 65-0789152 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DETTELIS, BARBARA
2814 S US 1
FORT PIERCE, FL 34982 US

Name and Address of New Registered Agent:

MANCUSO, LINDA
2814 S US 1
FORT PIERCE, FL 34982 US

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: LINDA MANCUSO 07/16/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete
Name: SCOTES, ATHENA
Address: 207 SW 5TH ST
City-St-Zip: STUART, FL 34994

Title: TD ( ) Delete
Name: ALONSO, KATHRYN
Address: 700 CENTRAL PKWY
City-St-Zip: STUART, FL 34994

Title: SD ( ) Delete
Name: PLUMMER, MELINDA
Address: 435 SE FLAGLER AVE.
City-St-Zip: STUART, FL 34994

Title: PD ( ) Delete
Name: EDNEY, STEVEN
Address: 207 SW 5TH ST
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: STEVEN EDNEY PD 07/16/2004
Electronic Signature of Signing Officer or Director Date