

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 17, 2005
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**Current Mailing Address:**2814 S US #1
D-4
FORT PIERCE, FL 34982**New Principal Place of Business:**2814 S US #1
D-4
FORT PIERCE, FL 34982 US**New Mailing Address:**2814 S US #1
D-4
FORT PIERCE, FL 34982 US**FEI Number:** 65-0789152**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MANCUSO, LINDA
2814 S US 1
FORT PIERCE, FL 34982 US**Name and Address of New Registered Agent:**BRACKEN, JOHN W ED
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: JOHN W BRACKEN

08/17/2005

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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: GLANVILLE, MAREE PRES
Address: 863 NE DAHOON TERRACE
City-St-Zip: PORT ST LUCIE, FL 34952 US

Title: OFFC (X) Change () Addition
Name: ROBINSON, GEORGE OFFICER
Address: 3107 ANN ARBOR RD
City-St-Zip: PORT ST LUCIE, FL 34952 US

Title: TREA (X) Change () Addition
Name: TRUCKENMILLER, ROBERT TREAS
Address: 50 SE KINDRED ST
City-St-Zip: STUART, FL 34994 US

Title: OFFC (X) Change () Addition
Name: MCGILL, LAURA OFFICER
Address: 27TH AVE
City-St-Zip: VERO BEACH, FL 32960 US

Title: OFFC () Change (X) Addition
Name: ART, CIASCA OFFICER
Address: 27TH AVE
City-St-Zip: VERO BEACH, FL 32960 US

Title: OFFC () Change (X) Addition
Name: JOHN, MOORE OFFICER
Address: 2814 S US HWY 1, STE D4
City-St-Zip: FT PIERCE, FL 34982 US

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: JOHN W BRACKEN

ED

08/17/2005

Electronic Signature of Signing Officer or Director

Date