2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
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 US

New Principal Place of Business:

Current Mailing Address:

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

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:

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

Name and Address of New Registered Agent:

WEED, MADELINE S CEO
2814 S US #1
D-4
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: MADELINE S. WEED 03/30/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GLANVILLE, MARIE
Address: 863 NE DAHOON TERR
City-St-Zip: JENSEN BEACH, FL 34957 US

Title: D ( ) Delete
Name: PLATT, KEITH
Address: 15408 ALEXANDER ROAD
City-St-Zip: JUPITER, FL 33478 US

Title: S ( ) Delete
Name: MCGILL, LAURA
Address: 1990 25TH ST
City-St-Zip: VERO BEACH, FL 32960

Title: D ( ) Delete
Name: MOORE, JOHN
Address: 337 N 4TH ST
City-St-Zip: FORT PIERCE, FL 34950

Title: D ( ) Delete
Name: ART, CIASCA
Address: 1000 36TH ST
City-St-Zip: VERO BEACH, FL 32960

Title: D ( ) Delete
Name: CONNOLLY, ALEXANDER M
Address: 830 SE MARTIN LUTHER KING JR., BLVD
City-St-Zip: STUART, FL 34994 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: YERNENI, SRI DR.
Address: 820 37TH PLACE
City-St-Zip: VERO BEACH, FL 32960 US

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 exemption stated 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 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: MADELINE S. WEED CEO 03/30/2009
Electronic Signature of Signing Officer or Director Date