

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000091

FILED
Mar 10, 2011
Secretary of State

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, MADELINE S CEO
2814 S US #1
D-4
FORT PIERCE, FL 34982 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: P
Name: GLANVILLE, MARIE
Address: 863 NE DAHOON TERR
City-St-Zip: JENSEN BEACH, FL 34957 US

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

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

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

Title: D
Name: VELOZ, ENRIQUE
Address: 1750 S.W. CAMEO BLVD
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: D
Name: WILLIAMS, DIANE
Address: 1901 N. 16TH ST.
City-St-Zip: FT. PIERCE, FL 34950 US

I hereby 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 all other like empowered.

SIGNATURE: M. SUZANNE WEED

CEO

03/10/2011

Electronic Signature of Signing Officer or Director

Date