

DOCUMENT # N99000000968

1. Entity Name

CENTRAL FLORIDA MENTAL HEALTH GROUP, INC.

FILED

May 01, 2000 8:00 am
Secretary of State

02-13-2000 90022 049 ****61.25

Principal Place of Business

Mailing Address

3900 LAKE CENTER DRIVE
MT. DORA FL 327573900 LAKE CENTER DRIVE
MT. DORA FL 32757-2226

2. Principal Place of Business

3750 Lake Center Loop

3. Mailing Address

3750 Lake Center Loop

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Mount Dora, FL

City & State

Mount Dora, FL

4. FEI Number

59-3564526

Applied For

Not Applicable

Zip

32757

Country

USA

Zip

32757

Country

USA

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHYERS, LARRY E
3900 LAKE CENTER DRIVE
MT. DORA FL 32757

7. Name and Address of New Registered Agent

Name Larry E. Shyers

Street Address (P.O. Box Number is Not Acceptable)

3750 Lake Center Loop

City Mount Dora

FL

Zip Code 32757

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

Larry E. Shyers

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-20-2000

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	President	☐ Delete
NAME	Larry E. Shyers	
STREET ADDRESS	3750 Lake Center Loop	
CITY-ST-ZIP	Mt. Dora, FL 32757	

TITLE	Vice President	☐ Delete
NAME	Deborah H. Williams	
STREET ADDRESS	27 E. Pinehurst Blvd.	
CITY-ST-ZIP	Eustis, FL 32726	

TITLE	Treasurer	☐ Delete
NAME	Larry E. Shyers	
STREET ADDRESS	3750 Lake Center Loop	
CITY-ST-ZIP	Mt. Dora, FL 32757	

TITLE	Secretary	☐ Delete
NAME	Deborah H. Williams	
STREET ADDRESS	27 E. Pinehurst Blvd.	
CITY-ST-ZIP	Eustis, FL 32726	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	☐ Change ☒ Addition
NAME	Larry E. Shyers	
STREET ADDRESS	3750 Lake Center Loop	
CITY-ST-ZIP	Mt. Dora, FL 32757	D

TITLE	Vice President	☐ Change ☒ Addition
NAME	Deborah H. Williams	
STREET ADDRESS	27 E. Pinehurst Blvd	
CITY-ST-ZIP	Eustis, FL 32726	D

TITLE	Treasurer	☐ Change ☒ Addition
NAME	Larry E. Shyers	
STREET ADDRESS	3750 Lake Center Loop	
CITY-ST-ZIP	Mt. Dora, FL 32757	D

TITLE	S	☐ Change ☒ Addition
NAME	Deborah H. Williams	
STREET ADDRESS	27 E. Pinehurst Blvd	
CITY-ST-ZIP	Eustis, FL 32726	D

TITLE	D	☐ Change ☒ Addition
NAME	Todd Wilson	
STREET ADDRESS	29 Lancer Oak Drive	
CITY-ST-ZIP	Apopka, FL 32712	D

TITLE		☐ Change ☐ 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:

Larry E. Shyers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/00

Date

352-983-2194

Daytime Phone #

CR2E037 (9/99)