2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000000968

1. Entity Name
CENTRAL FLORIDA MENTAL HEALTH GROUP, INC.

Principal Place of Business	Mailing Address
3750 LAKE CENTER LOOP MT. DORA, FL 32757	3750 LAKE CENTER LOOP MT. DORA, FL 32757

04092004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3564526

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SHYERS, LARRY E
3750 LAKE CENTER LOOP
MT. DORA, FL 32757

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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. I am familiar with and accept the obligations of registered agent.

SIGNATURE Larry E. Shyers, PhD, President 4/28/04

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

U00000147496
05/05/04-80110-001 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHYERS, LARRY E
STREET ADDRESS	3750 LAKE CENTER LOOP
CITY ST ZIP	MOUNT DORA, FL 32757
TITLE	TD
NAME	SHYERS, LARRY E
STREET ADDRESS	3750 LAKE CENTER LOOP
CITY ST ZIP	MOUNT DORA, FL 32757
TITLE	D
NAME	WILSON, TODD
STREET ADDRESS	79 LANCER OAK DRIVE
CITY ST ZIP	APOPKA, FL 32712
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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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 President 4/28/04 352-383-2194
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR