

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002783

FILED
May 18, 2007
Secretary of State

Entity Name: SMITH COMMUNITY MENTAL HEALTH, INC.

Current Principal Place of Business:

4265 PINE ISLAND ROAD
SUNRISE, FL 33351

New Principal Place of Business:

601 SOUTH STATE RD 7
PLANTATION, FL 33317

Current Mailing Address:

4265 PINE ISLAND ROAD
SUNRISE, FL 33351

New Mailing Address:

601 SOUTH STATE RD 7
PLANTATION, FL 33317

FEI Number: 65-0918245 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WILSON, SEAN L ESQ.
1750 UNIVERSITY DRIVE
SUITE 233
CORAL SPRINGS, FL 330712209 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CORREIA-KENT, JOANNE
Address: 6007 NW 65 TERRACE
City-St-Zip: PARKLAND, FL 33067

Title: D () Delete
Name: LA VALLE, DONNA
Address: 2819 N.E. 21 TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33306

Title: D () Delete
Name: KENT, DAVID
Address: 6007 NW 65 TERRACE
City-St-Zip: PARKLAND, FL 33067

Title: D () Delete
Name: LAVALLE, PETER
Address: 2720 N. LAND ROAD
City-St-Zip: MOUNT DORA, FL 32757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JOANNE CORREIA-KENT

D

05/18/2007

Electronic Signature of Signing Officer or Director

Date