

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000018162

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: SUNNY DAYS COMMUNITY MENTAL HEALTH CENTER, INC.

## Current Principal Place of Business:

1440 79TH STREET CAUSEWAY  
SUITE 130  
NORTH BAY VILLAGE, FL 33161

## New Principal Place of Business:

## Current Mailing Address:

1440 79TH STREET CAUSEWAY  
SUITE 130  
NORTH BAY VILLAGE, FL 33141

## New Mailing Address:

FEI Number: 03-0400044

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROMANACH, ELOYRIS  
1440 79TH STREET CAUSEWAY  
SUITE 130  
NORTH BAY VILLAGE, FL 33141 US

## Name and Address of New Registered Agent:

ROMANACH, ELOYRIS  
1440 79TH STREET CAUSEWAY  
SUITE 130  
NORTH BAY VILLAGE, FL 33141 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: ELOYRIS ROMANACH

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D ( ) Change (X) Addition  
Name: ROMANACH, ELOYRIS  
Address: 1440 79 STREET CAUSEWAY  
City-St-Zip: NORTH BAY VILLAGE, FL 33141

Title: VP/D ( ) Change (X) Addition  
Name: MATHIS, HAROLD E JR  
Address: 1440 79 STREET CAUSEWAY  
City-St-Zip: NIORTH BAY VILLAGE, FL 33141

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELOYRIS ROMANACH

P/D

04/29/2009

Electronic Signature of Signing Officer or Director

Date