

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000134139

FILED
Apr 22, 2009
Secretary of State

Entity Name: SAINT JUDE MENTAL HEALTH CENTER INC

Current Principal Place of Business:

444 E. 25 STREET
HIALEAH, FL 33013

New Principal Place of Business:

Current Mailing Address:

444 E. 25 STREET
HIALEAH, FL 33013

New Mailing Address:

172B STATE ST., EAST
OLDSMAR, FL 34677

FEI Number: 20-1668103

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GARCIA, JOURNEY
444 E 25 ST
HIALEAH, FL 33013 US

Name and Address of New Registered Agent:

HEALTHCARE FINANCIAL & MGMT SERVICES, INC.
172B STATE ST., EAST
OLDSMAR, FL 34677 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: GENE BROJAN

04/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GARCIA, JOURNEY
Address: 444 E 25 ST
City-St-Zip: HIALEAH, FL 33013

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: HEALTHCARE FINANCIAL & MGMT. SERVICES, INC
Address: 172B STATE ST., EAST
City-St-Zip: OLDSMAR, FL 34677

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: GENE BROJAN

P

04/22/2009

Electronic Signature of Signing Officer or Director

Date