

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90069 046 ***150.00

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1. Entity Name

LINZEY FAISON MENTAL HEALTH ASSOCIATES, INC.



Principal Place of Business

501 BOLIVAR STREET
P.O. BOX 486
CHATTAHOOCHEE FL 32324

Mailing Address

P.O. BOX 486
CHATTAHOOCHEE FL 32324



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

20-2028827

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FAISON, LINZEY R
329 GOULD ROAD
QUINCY FL 32351

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **FAISON, LINZEY R**
STREET ADDRESS **501 BOLIVAR STREET**
CITY-ST-ZIP **CHATTAHOOCHEE FL 32324**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 607, 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: Linzey R. Faison

Linzey Faison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-06

Date

(850)663-4347

Daytime Phone #