

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000090631

FILED
Apr 27, 2008
Secretary of State

Entity Name: LOIRE MENTAL HEALTH INC.

Current Principal Place of Business:

2150 49TH STREET N #D
SAINT PETERSBURG, FL 33710

New Principal Place of Business:

4539 5TH AVE NO
SAINT PETERSBURG, FL 33713

Current Mailing Address:

2150 49TH STREET N #D
SAINT PETERSBURG, FL 33710

New Mailing Address:

4539 5TH AVE NO
SAINT PETERSBURG, FL 33713

FEI Number: 26-0690253

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCONNELL, JOYCE A
4539 5TH AVENUE N
SAINT PETERSBURG, FL 33713 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCCONNELL, JOYCE A
Address: 4539 5TH AVENUE N
City-St-Zip: SAINT PETERSBURG, FL 33713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: JOYCE A MCCONNELL

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04/27/2008

Electronic Signature of Signing Officer or Director

Date