

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000031811

FILED
Feb 18, 2011
Secretary of State

Entity Name: FIRST COAST MENTAL HEALTH P.A.

Current Principal Place of Business:

165 WELLS RD SUITE 404
SUITE 408
ORANGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

165 WELLS RD SUITE 404
SUITE 408
ORANGE PARK, FL 32073

New Mailing Address:

FEI Number: 22-3977578

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRINGTON AND ASSOC CPA.
328 STILES AVE
ORANGE PARK, FL 32073 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

OFFICERS AND DIRECTORS:

Title: PVST
Name: GRISSETT, KATHLEEN B MD
Address: 165 WELLS RD SUITE 408
City-St-Zip: ORANGE PARK, FL 32073

Title: D
Name: GRISSETT, KATHLEEN B MD
Address: 165 WELLS RD SUITE 408
City-St-Zip: ORANGE PARK, FL 32073

I hereby 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 all other like empowered.

SIGNATURE: KATHLEEN GRISSETT MD

PRES

02/18/2011

Electronic Signature of Signing Officer or Director

Date