

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000066675

FILED
Apr 30, 2012
Secretary of State

Entity Name: FLAGLER MENTAL HEALTH CENTER, PA

Current Principal Place of Business:

2729 E. MOODY BLVD.
BUNNELL, FL 32110 US

New Principal Place of Business:

145 CYPRESS POINT PKWY
SUITE 101
PALM COAST, FL 32164 US

Current Mailing Address:

2729 E. MOODY BLVD.
BUNNELL, FL 32110 US

New Mailing Address:

145 CYPRESS POINT PKWY
SUITE 101
PALM COAST, FL 32164 US

FEI Number: 45-2715469

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLUEWATER FINANCIAL & INSURANCE, INC
138 PALM COAST PKWY NE
SUITE 136
PALM COAST, FL 32137 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: P
Name: JOHNSON, CHHAYA
Address: 6 BAY POINT DR
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: VP
Name: JOHNSON, DANNY
Address: 6 BAY POINT DR
City-St-Zip: ORMOND BEACH, FL 32174

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: DANNY JOHNSON

V.P.

04/30/2012

Electronic Signature of Signing Officer or Director

Date