

P110000687647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700304674957

FILING CANCELLED
RETURNED CHECK

10/20/17--01013--004 **35.00

S TALLENT

OCT 24 2017

R/A-24

OCT 29 AM 11:07

FILED



**FILING CANCELLED
RETURNED CHECK**

**FLORIDA DEPARTMENT OF STATE
Division of Corporations**

October 11, 2017

**MENTAL HEALTH GROUP OF GREATER TAMPA BAY, INC.
200 S. ROSEMARY AVE., STE 2
WEST PALM BEACH, FL 33401-5746**

**SUBJECT: MENTAL HEALTH GROUP OF GREATER TAMPA BAY, INC.
Ref. Number: P11000087647**

We have received your document for MENTAL HEALTH GROUP OF GREATER TAMPA BAY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please return your check with a note stating what the money is intended for.

Submit the proper form with your check.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 517A00020485

FILING CANCELLED
RETURNED CHECK

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Mental Health Group of Greater Tampa Bay, Inc.
Name of Corporation

DOCUMENT NUMBER: P11000087647

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anna Lenchus ESQ.

Name of Contact Person

Mental Health Group of Greater Tampa Bay, Inc.

Firm/Company

2385 NW EXECUTIVE CTR DR. SUITE 100

Address

BOCA RATON, FL 33431

City/State and Zip Code

alenchus @ googlemail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anna Lenchus ESQ.

Name of Contact Person

at (561) 981-6118
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

1. The name of the corporation: Mental Health Group of Greater Tampa Bay, Inc.

2. The principal office address: 2349 Central Ave.

St. Petersburg, FL 33713

3. The mailing address (if different): 200 S. Rosemary Ave. Unit 2

West Palm Beach, FL 33401

4. Date of incorporation/qualification: 10/05/2011 Document number: P110000.87647

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Ricki Kaneli

200 S. Rosemary Ave. Unit 2

West Palm Beach, FL 33401

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Anna Lenchus ESQ.

2385 NW EXECUTIVE CTR DR. SUITE 100

P.O. Box NOT acceptable

BOCA RATON, FL 33431

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director

Ricki Kaneti

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

Date: _____

If signing on behalf of an entity:

Typed or Printed Name

***** FILING FEE: \$35.00 *****

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

17 OCT 20 04:11:07

77
77
77
77