FILE NOW; FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

9 [illegible] AM 10:42

[illegible] OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000020376 (7)**

1. Corporation Name

MENTAL HEALTH SPECIALISTS, INC.

Principal Place of Business	Mailing Address
~~1212 COURT ST.~~ ~~SUITE B~~ ~~CLEARWATER FL 34616~~	~~1212 COURT ST.~~ ~~SUITE B~~ ~~CLEARWATER FL 34616~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/15/1994 | 3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number / Applied For / Not Applicable
21 3023 First Ave. N.	26 3023 First Ave. N.	59-3230706
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State 23 St. Petersburg, FL	City & State 28 St. Petersburg, FL	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip 24 33713-8606 Country 25 USA	Zip 29 33713-8606 Country 30 USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GASSMAN, ALAN S ~~1212 COURT ST.~~ ~~SUITE B~~ CLEARWATER FL 34616	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 1245 Court Street 83 Suite 102 84 City: Clearwater. FL 85 Zip Code: 34616

11. Pursuant to the provisions of Section 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [illegible] Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D	11 TITLE	☐ Change ☐ Addition
12 NAME	GORELIK, ASHER R	12 NAME	
13 STREET ADDRESS	2454 MCMULLEN BOOTH RD., STE 506	13 STREET ADDRESS	
14 CITY ST ZIP	CLEARWATER FL 34619	14 CITY ST ZIP	
21 TITLE	D	21 TITLE	☐ Change ☐ Addition
22 NAME	MAYER, ROBERT M	22 NAME	
23 STREET ADDRESS	1106 DRUID RD. SOUTH, STE. 303	23 STREET ADDRESS	
24 CITY ST ZIP	CLEARWATER FL 34616	24 CITY ST ZIP	
31 TITLE	D	31 TITLE	☐ Change ☐ Addition
32 NAME	RODRIGUEZ, MAURO	32 NAME	
33 STREET ADDRESS	516 LAKEVIEW RD., VILLA 9	33 STREET ADDRESS	
34 CITY ST ZIP	CLEARWATER FL 34616	34 CITY ST ZIP	
41 TITLE	D	41 TITLE	☐ Change ☐ Addition
42 NAME	BRISCOE, WILLIAM	42 NAME	
43 STREET ADDRESS	516 LAKEVIEW RD., VILLA 11	43 STREET ADDRESS	
44 CITY ST ZIP	CLEARWATER FL 34616	44 CITY ST ZIP	
51 TITLE	D	51 TITLE	☐ Change ☐ Addition
52 NAME	TAN, RIZALINA B	52 NAME	
53 STREET ADDRESS	3023 FIRST AVE. NORTH	53 STREET ADDRESS	
54 CITY ST ZIP	ST. PETERSBURG FL 33713-8606	54 CITY ST ZIP	
61 TITLE	D	61 TITLE	☐ Change ☐ Addition
62 NAME	KAZAR, DAVID B	62 NAME	
63 STREET ADDRESS	3023 FIRST AVE. NORTH	63 STREET ADDRESS	
64 CITY ST ZIP	ST PETERSBURG FL 33713-8606	64 CITY ST ZIP	

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 1, or Block 11 if changed, or on an attachment with an address.

SIGNATURE: Rizalina B. Tan Secretary — 4/29/95 — 327-3737

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR DIRECTOR — Date — Daytime Phone #

RIZALINA B. TAN SECRETARY

0358100 CF