2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000047436

1. Entity Name
YORKSHIRE MENTAL HEALTH ENTERPRISES, P.A.

Principal Place of Business	Mailing Address
595 W. GRANADA BLVD. SUITE 2E ORMOND BEACH, FL 32174	595 W. GRANADA BLVD. SUITE 2E ORMOND BEACH, FL 32174

DO NOT WRITE IN THIS SPACE

01302008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-3249267		Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RAIMONDO, LOUIS J
595 W. GRANADA BLVD.
SUITE 2E
ORMOND BEACH, FL 32174

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)

LOUIS RAIMONDO   04/01/08
PRESIDENT   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing   **$5.00** May Be
Trust Fund Contribution. ☐   Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RAIMONDO, LOUIS J
STREET ADDRESS	103 SAND DUNES DRIVE
CITY-ST-ZIP	ORMOND BY THE SEA, FL 32176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOUIS J RAIMONDO   04/01/08
PRESIDENT   Date   Daytime Phone #