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DOCUMENT # P95000095						Jan 07, 20 Secretar		40
MENTAL HEALTH ASSOCIATES OF TAMPA BAY, INC. 01-07-2002 90011 001 ***150.00							-	
Principal Place of Business 6101 2714 STREET SOUTH 57. PETERSBURG FL 39712		Malling Address 6101 SZIL STREET SOUTH ST. PETERSBURG EL 33712] (1840 81 10 10 10 10 10 10 10 10 10 10 10 10 10		
2. Principal Place of Business 3632 Hawks IAE AD DR. Suite, Apt. #, etc.			3. Mailing Address 3632 HAWKSHEAD DR. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State	ONT,	FL	FL CLERMONT, FL			4. FEI Number 65-0629396 Applied For Not Applicable		
Zip 34711-6940		KE	34711-6940	Country LAKE			\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. Name ARUSO VINCENT A 8. Street Address (P.O. Box Number is Not Acceptable) 8. Street Address (P.O. Box Number is Not Acceptable) 8. ARUSO VINCENT A 8. Street Address (P.O. Box Number is Not Acceptable) 8. ARUSO VINCENT A 8. Street Address (P.O. Box Number is Not Acceptable) 8. ARUSO VINCENT A 8. Street Address (P.O. Box Number is Not Acceptable) 8. ARUSO VINCENT A 8. Street Address (P.O. Box Number is Not Acceptable) 8. ARUSO VINCENT A 8. Street Address (P.O. Box Number is Not Acceptable) 8. ARUSO VINCENT A 8. Street Address (P.O. Box Number is Not Acceptable) 8. ARUSO VINCENT A 8. Street Address (P.O. Box Number is Not Acceptable) 8. ARUSO VINCENT A 8. Street Address (P.O. Box Number is Not Acceptable)								
ELERMONT FL 34711-6940								
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. SIGNATURE								
						O May Be to Fees		
11.		OFFICERS AND D	IRECTORS Delete	12.		DDITIONS/CHANGES TO OFFICE	X 01	
NAME CART STREET ADDRESS 6101	ISO, VINCEN 27TH STREI ETERSBURG	et south	Delete	NAME STREET ADDRESS CITY-ST-ZIP	CARU 3632	SO, VINCENT A.	DR.	134 (9/
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 emprowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.								
SIGNATURE: / 25 A 2 4 3 - 1319								

Doc # **P9**5000095270 800400 FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State DIVISION OF CORPORATIONS P.O. Box 6327 Tallahassee, Florida 32314 ö 0550950 MENTAL HEALTH ASSOCIATES OF TAMPA BAY, INC. 3632 HAWKSHEAD DR CLERMONT FL 34711-6940 골 UBRIN OLOHox E01-69-T12HE 102T 0 61 FIRST CLASS MAIL
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FLORIDA DIVISION OF CORPORATIONS
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