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Apr 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P96000085617 (4)**

1. Corporation Name

WHOLISTIC MENTAL HEALTH, INC.

Principal Place of Business

**216 E. OAKLAND AVE.
SUITE 4
TALLAHASSEE FL 32301**

Mailing Address

**216 E. OAKLAND AVE.
SUITE 4
TALLAHASSEE FL 32301-4472**



3. Date Incorporated or Qualified 10/15/1996	3a. Date of Last Report N/A
4. FEI Number 59-3431283	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired N/A	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution N/A	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

**COLLINS ROBINSON, JACKIE DR.
216 E. OAKLAND AVE.
SUITE 4
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81. Name	N/A
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 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

Signature type for printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	President = P
NAME	ROBINSON, CHARLES	1.2 NAME	Jackie Collins Robinson
STREET ADDRESS	2748 BARDWOOD LANE	1.3 STREET ADDRESS	2748 Bardwood Ln
CITY - ST - ZIP	TALLAHASSEE FL 32310	1.4 CITY - ST - ZIP	Tall, FL 32310
TITLE	D	2.1 TITLE	
NAME	COLLINS, FANNIE	2.2 NAME	
STREET ADDRESS	5644 BEVIS ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	BASCOM FL 32423	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

JACKIE COLLINS ROBINSON, Ph.D
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT

4/2/97

904561-0427

Date

Daytime Phone

0045781

CR2E034 (9/96)