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Secretary of State

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000058885

1. Corporation Name

MENTAL HEALTH EXPERTS, INC.

Principal Place of Business

4930 JOHNSON ST.  
HOLLYWOOD FL 33021

Mailing Address

4930 JOHNSON ST.  
HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/07/1997

4. FEI Number

65-0762363

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes No

2. Principal Place of Business

21 4952 BOCAIRE BLVD

Suite, Apt. #, etc.

2a. Mailing Address

26 4952 BOCAIRE BLVD

Suite, Apt. #, etc.

City & State

23 BOCA RATON, FLA

Zip

Country

24 33487

25 USA

City & State

28 BOCA RATON, FLA

Zip

Country

29 33487

30 USA

9. Name and Address of Current Registered Agent

SCHAEFFER, RICHARD F  
4930 JOHNSON ST.  
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name

Richard F. Schaeffer

82 Street Address (P.O. Box Number is Not Acceptable)

4952 BOCAIRE BLVD

83

84 City

BOCA RATON RA FL

85 Zip Code

33487

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, typed or 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	P-D
NAME	SCHAEFFER, RICHARD F	1.2 NAME	Richard F. Schaeffer
STREET ADDRESS	4930 JOHNSON ST.	1.3 STREET ADDRESS	4952 BOCAIRE BLVD.
CITY-ST-ZIP	HOLLYWOOD FL 33021	1.4 CITY-ST-ZIP	BOCA RATON, FLA 33487
TITLE	D	2.1 TITLE	S-D
NAME	THOMPSON-SCHAEFFER, JUDI	2.2 NAME	Judith Thompson-Schaeffer
STREET ADDRESS	4930 JOHNSON ST.	2.3 STREET ADDRESS	4952 BOCAIRE BLVD
CITY-ST-ZIP	HOLLYWOOD FL 33021	2.4 CITY-ST-ZIP	BOCA RATON, FLA 33487
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 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 in an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/99 (56) 888-0811

CR2E034 (11/98)