2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/4.

FILED
Jun 07, 2004 8:00 am
Secretary of State
05-04-2004 90148 023 ***150.00

DOCUMENT # P99000023994

1. Entity Name
SMITH MENTAL HEALTH, INC.

Principal Place of Business	Mailing Address
8930 W. STATE ROAD 84 DAVIE, FL 33324	8930 W. STATE ROAD 84 DAVIE, FL 33324

01142004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0922486 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BROENNIMAN, MARGARET ESQ.
1400 NE 14TH STREET
FORT LAUDERDALE, FL 33304

7. Name and Address of New Registered Agent

Name: Julie M. Cloney, Esq.
Street Address (P.O. Box Number is Not Acceptable): 315 SE 7th Street
Suite 200
City: Fort Lauderdale FL Zip Code 33301

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: Julie M. Cloney 6/3/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LITTLE, BARBARA 8930 W. STATE ROAD 84 DAVIE, FL 33324	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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12. 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 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: Barbara E. Little MD 4/29/04 954-249-5959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #