

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 09, 2002 8:00 am**  
**Secretary of State**

09-09-2002 90026 035 \*\*\*\*70.00

**DOCUMENT # N34005**

1. Entity Name

**FLORIDA ASSOCIATION OF MENTAL HEALTH ADMINISTRATORS, INC.**

Principal Place of Business

Mailing Address

11254 58TH ST NO  
 PINELLAS PARK FL 33782  
 US

11254 58TH ST NO  
 PINELLAS PARK FL 33782  
 US

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

**65-0183166**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WENNLUND, GERALD F**  
**11254 58TH ST NO**  
**PINELLAS PARK FL 33782**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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)

DATE

**After September 13, 2002,**  
**min. will be \$236.25.**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FRISCH, JACK A. PHD.</b>	
STREET ADDRESS	<b>919 NE 13TH STREET</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33304</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WEDEKIND, TOM</b>	
STREET ADDRESS	<b>11254 58TH STREET NORTH</b>	
CITY-ST-ZIP	<b>PINELLAS PARK FL 33782</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>WENNLUND, GERALD F</b>	
STREET ADDRESS	<b>11254 58TH ST NO</b>	
CITY-ST-ZIP	<b>PINELLAS PARK FL 33782</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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 REQUIRED**

9/3/02 (727) 541-6477 x305

CR2E037 (4/02)