

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 770177

**FILED**  
**Jan 26, 2004**  
**Secretary of State**

**Entity Name:** THE MENTAL HEALTH CARE CENTER OF THE LOWER KEYS, INC.

**Current Principal Place of Business:**

1205 4TH STREET  
KEY WEST, FL 3304

**New Principal Place of Business:**

**Current Mailing Address:**

1205 4TH STREET  
KEY WEST, FL 33040

**New Mailing Address:**

**FEI Number:** 59-2331362      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WOLFE, MARSHAL  
1205 FOURTH ST  
KEY WEST, FL 33040      US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: ILCHUCK, PETER  
Address: 905 ANGELA ST  
City-St-Zip: KEY WEST, FL 33040

Title: C      ( ) Delete  
Name: ROWE, HELEN  
Address: 2100 FLAGLER AVE  
City-St-Zip: KEY WEST, FL 33040

Title: VC      ( ) Delete  
Name: ZENSINGER, MARCIA  
Address: 807 WASHINGTON STREET  
City-St-Zip: KEY WEST, FL 33040

Title: S      ( ) Delete  
Name: TOPPINO, SHARON  
Address: 5901 COLLEGE ROAD  
City-St-Zip: KEY WEST, FL 33040

Title: T      ( ) Delete  
Name: FAIRBANKS, CINDY  
Address: 3408 EAGLE AVENUE  
City-St-Zip: KEY WEST, FL 33040

Title: D      ( ) Delete  
Name: DECASTRO, GUARIONEX  
Address: 702 SOUTH STREET  
City-St-Zip: KEY WEST, FL 33040

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HELEN ROWE

C

01/26/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date