

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719602

Entity Name: MENTAL HEALTH AMERICA OF NORTHEAST FLORIDA, INC.**Current Principal Place of Business:**8280 PRINCETON SQUARE BLVD. W.
SUITE 10
JACKSONVILLE, FL 32256**Current Mailing Address:**8280 PRINCETON SQUARE BLVD. W.
SUITE 10
JACKSONVILLE, FL 32256 US**FEI Number:** 59-0721416**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MARZULLO, DENISE M
8280 PRINCETON SQUARE BLVD. W.
SUITE 10
JACKSONVILLE, FL 32256 US*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**Officer/Director Detail :**

Title	CHAIR
Name	PITEL, STEPHEN
Address	8280 PRINCETON SQUARE BLVD. W. SUITE 10
City-State-Zip:	JACKSONVILLE FL 32256

Title	CE
Name	MEVERS, JENNIFER
Address	8280 PRINCETON SQUARE BLVD. W. SUITE 10
City-State-Zip:	JACKSONVILLE FL 32256

Title	T
Name	FRUTCHEY, CONNIE
Address	8280 PRINCETON SQUARE BLVD. W. SUITE 10
City-State-Zip:	JACKSONVILLE FL 32256

Title	S
Name	LOUDER, ALAN
Address	8280 PRINCETON SQUARE BLVD. W. SUITE 10
City-State-Zip:	JACKSONVILLE FL 32256

Title	D
Name	BRYSKIN, STELLA
Address	8280 PRINCETON SQUARE BLVD. W. SUITE 10
City-State-Zip:	JACKSONVILLE FL 32256

Title	CEO
Name	MARZULLO, DENISE M
Address	8280 PRINCETON SQUARE BLVD. W. SUITE 10
City-State-Zip:	JACKSONVILLE FL 32256

I hereby 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 all other like empowered.

SIGNATURE: DENISE MARZULLO**EXECUTIVE DIRECTOR****01/14/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date