2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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Jan 16, 2018
Secretary of State
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Entity Name: MENTAL HEALTH AMERICA OF NORTHEAST FLORIDA, INC.

Current Principal Place of Business:

8280 PRINCETON SQUARE BLVD. W.
SUITE 8
JACKSONVILLE, FL 32256

Current Mailing Address:

8280 PRINCETON SQUARE BLVD. W.
SUITE 8
JACKSONVILLE, FL 32256 US

FEI Number: 59-0721416

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HUGHES, WENDY L
8280 PRINCETON SQUARE BLVD. W.
SUITE 8
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: WENDY L HUGHES 01/16/2018

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	CHAIR	Title	CE
Name	MCCABE, PATRICK	Name	MEVERS, JENNIFER
Address	8280 PRINCETON SQUARE BLVD. W. SUITE 8	Address	8280 PRINCETON SQUARE BLVD. W. SUITE 8
City-State-Zip:	JACKSONVILLE FL 32256	City-State-Zip:	JACKSONVILLE FL 32256
Title	T	Title	SECRETARY
Name	SIMKULET, MICHELLE	Name	ERICA, WHITFIELD
Address	8280 PRINCETON SQUARE BLVD. W. SUITE 8	Address	8280 PRINCETON SQUARE BLVD. W. SUITE 8
City-State-Zip:	JACKSONVILLE FL 32256	City-State-Zip:	JACKSONVILLE FL 32256
Title	CEO		
Name	HUGHES, WENDY L		
Address	8280 PRINCETON SQUARE BLVD. W. SUITE 8		
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: WENDY L HUGHES CEO 01/16/2018

Electronic Signature of Signing Officer/Director Detail — Date