2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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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: Yes

Name and Address of Current Registered Agent:

MARZULLO, DENISE M
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:

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	S
Name	SIMKULET, MICHELLE	Name	PYATT, SHELBY
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	D	Title	CEO
Name	BRYSKIN, STELLA	Name	MARZULLO, DENISE M
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

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 PRESIDENT & CEO 02/03/2017

Electronic Signature of Signing Officer/Director Detail — Date