

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 728856

**Entity Name:** SOUTH COUNTY MENTAL HEALTH CENTER, INC.

**Current Principal Place of Business:**

16158 S. MILITARY TRAIL  
DELRAY BEACH, FL 33484-3501

**Current Mailing Address:**

16158 S. MILITARY TRAIL  
DELRAY BEACH, FL 33484

**FEI Number:** 59-1519622

**Certificate of Status Desired:** Yes

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

SPEICHER, JOSEPH S CEO  
16158 S. MILITARY TRAIL  
DELRAY BEACH, FL 33484-3501 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:** JOSEPH S. SPEICHER

03/21/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title IMMEDIATE PAST PRESIDENT  
Name WHIGHAM, GLADYS  
Address 12299 PLEASANT GREEN  
City-State-Zip: BOYNTON BEACH FL 33437

Title PRESIDENT  
Name RUBIN, KEN  
Address 695 ENFIELD COURT  
City-State-Zip: DELRAY BEACH FL 33444

Title VP  
Name VINIKOOR, LORI  
Address 10626 LA REINA ROAD  
City-State-Zip: DELRAY BEACH FL 33446

Title TREASURER  
Name GERSON, THEODORE DR.  
Address 367 GLENBROOK DRIVE  
City-State-Zip: ATLANTIS FL 33462

Title SECRETARY  
Name BROOKS, LORENZNO  
Address 6304 INDIAN WELLS BLVD  
City-State-Zip: BOYNTON BEACH FL 33437

Title DIRECTOR  
Name SAUNDERS, RACHEL  
Address 300 WEST ATLANTIC AVENUE  
City-State-Zip: DELRAY BEACH FL 33444

Title DIRECTOR  
Name MASON, INGRID  
Address 147 SW 24TH AVENUE  
City-State-Zip: BOYNTON BEACH FL 33435

Title DIRECTOR  
Name BAACH, LORI JO  
Address 7711 THORNLEE DRIVE  
City-State-Zip: LAKEWORTH FL 33467

**Continues on page 2**

*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:** KEN RUBIN

PRESIDENT

03/21/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name LICHTSTEIN, DANIEL  
Address UNIVERSITY OF MIAMI MILLER SCHOOL OF  
MEDICINE  
2500 N. MILITARY TRAIL 260  
City-State-Zip: BOCA RATON FL 33431

Title DIRECTOR  
Name BLAIR, SHAWNE  
Address 920 ROBERTS ROAD  
City-State-Zip: DELRAY BEACH FL 33423

Title DIRECTOR  
Name SCHULBAUM, ROBERT  
Address 15474 FIORENZA CIRCLE  
City-State-Zip: DELRAY BEACH FL 33446

Title DIRECTOR  
Name HOFFMAN, PHYLLIS  
Address 2323 IBIS ISLE ROAD  
City-State-Zip: PALM BEACH FL  
Title DIRECTOR  
Name BRAMS, DAVID  
Address 1700 UPLAND ROAD  
City-State-Zip: WEST PALM BEACH FL 33409