#### 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 728856** 

Entity Name: SOUTH COUNTY MENTAL HEALTH CENTER, INC.

**FILED** Jan 11, 2021 **Secretary of State** 1836341825CC

## **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 01/11/2021

Electronic Signature of Registered Agent

Date

### Officer/Director Detail:

Title **BOARD MEMBER** Title IMMEDIATE PAST PRESIDENT

WHIGHAM, GLADYS RUBIN, KEN Name Name

12299 PLEASANT GREEN Address 695 ENFIELD COURT Address

City-State-Zip: DELRAY BEACH FL 33444 **BOYNTON BEACH FL 33437** City-State-Zip:

VΡ Title Title **PRESIDENT** 

Name GERSON, THEODORE DR. Name VINIKOOR, LORI Address 367 GLENBROOK DRIVE Address 10626 LA REINA ROAD ATLANTIS FL 33462

City-State-Zip: City-State-Zip: DELRAY BEACH FL 33446

Title **BOARD MEMBER** Title **SECRETARY** 

Name MOSCHETTE, MICHAEL Name BROOKS, LORENZNO

Address 300 WEST ATLANTIC AVENUE 6304 INDIAN WELLS BLVD Address

City-State-Zip: DELRAY BEACH FL 33444 BOYNTON BEACH FL 33437 City-State-Zip:

Title **BOARD MEMBER** Title **BOARD MEMBER** Name BAACH, LORI JO MASON, INGRID Name

7711 THORNLEE DRIVE Address 147 SW 24TH AVENUE Address City-State-Zip: LAKEWORTH FL 33467 **BOYNTON BEACH FL 33435** City-State-Zip:

# 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: JOSEPH STEPHEN SPEICHER

CEO

01/11/2021

Electronic Signature of Signing Officer/Director Detail

Date

### Officer/Director Detail Continued:

TitleTREASURERTitleBOARD MEMBERNameBLAIR, SHAWNENameBRAMS, DAVID

Address 920 ROBERTS ROAD Address 1700 UPLAND ROAD

City-State-Zip: DELRAY BEACH FL 33423 City-State-Zip: WEST PALM BEACH FL 33409

Title BOARD MEMBER Title CEO

NameSCHULBAUM, ROBERTNameSPEICHER, JOSEPH STEPHENAddress15474 FIORENZA CIRCLEAddress16158 S. MILITARY TRAIL

City-State-Zip: DELRAY BEACH FL 33446 City-State-Zip: DELRAY BEACH FL 33484-3501