

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 728856

**FILED**  
**Jan 12, 2015**  
**Secretary of State**  
**CC4097279870**

**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

01/12/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title PRESIDENT  
Name WHIGHAM, GLADYS  
Address 345 S. CONGRESS AVENUE  
City-State-Zip: DELRAY BEACH FL 33445

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

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 CHIEF  
Name GOLDMAN, JEFFREY  
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

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*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:** GLADYS M. WHIGHAM

PRESIDENT

01/12/2015

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           HARRIS, JEAN  
Address        875 E. CAMINO REAL  
                  9B  
City-State-Zip: BOCA RATON FL 33432

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