

**2023 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

01/03/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title BOARD MEMBER  
Name WHIGHAM, GLADYS  
Address 12299 PLEASANT GREEN  
City-State-Zip: BOYNTON BEACH FL 33437

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

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

Title VP  
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 BOARD MEMBER  
Name MOSCHETTE, MICHAEL  
Address 300 WEST ATLANTIC AVENUE  
City-State-Zip: DELRAY BEACH FL 33444

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

Title BOARD MEMBER  
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:** JOSEPH S SPEICHER

CEO

01/03/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title           BOARD MEMBER  
Name           BRAMS, DAVID  
Address        1700 UPLAND ROAD  
City-State-Zip: WEST PALM BEACH FL 33409

Title           CEO  
Name           SPEICHER, JOSEPH STEPHEN  
Address        16158 S. MILITARY TRAIL  
City-State-Zip: DELRAY BEACH FL 33484-3501