

2020 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

01/14/2020

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

Title TREASURER
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

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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: KEN RUBIN

PRESIDENT

01/14/2020

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

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