

2013 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 SCEO
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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

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

Title CHIEF
Name STRIANESE, ANTHONY W
Address 300 WEST ATLANTIC AVENUE
City-State-Zip: DELRAY BEACH FL 33444

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: ROBERT SCHULBAUM

PRESIDENT

01/22/2013

Electronic Signature of Signing Officer/Director Detail

Date