

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000001763

Entity Name: SOUTH SHORE COALITION FOR MENTAL HEALTH & AGING, INC.**FILED**
Apr 30, 2015
Secretary of State
CC0843179866**Current Principal Place of Business:**SUN TOWERS, 101 TRINITY LAKES DRIVE
SUITE NO. 174
SUN CITY CENTER, FL 33573**Current Mailing Address:**P.O. BOX 6394
SUN CITY CENTER, FL 33571 US**FEI Number: 27-5125682****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**PREVATT, KAREN
137 S. PEBBLE BEACH BLVD
SUITE 102
SUN CITY CENTER, FL 33573 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: KAREN PREVATT****04/30/2015**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title S
Name COUNCIL, SANDY
Address 1603 SUN CITY CENTER PLAZA
City-State-Zip: SUN CITY CENTER FL 33573Title CLINICAL OFFICER
Name TRIVUS, ROBERT MD, PH D
Address 2233 NEW BEDFORD DRIVE
City-State-Zip: SUN CITY CENTER FL 33573Title T
Name PULKOWSKI, JAMES J CPA
Address 1219 MILLENNIUM PARKWAY
SUITE 120
City-State-Zip: BRANDON FL 33511Title LEGAL COUNSEL
Name PREVATT, KAREN
Address 137 S. PEBBLE BEACH BLVD
SUITE 102
City-State-Zip: SUN CITY CENTER FL 33573Title PRESIDENT
Name CANEEN, DEBBIE
Address 101 TRINITY LAKES DR
City-State-Zip: SUN CITY CENTER FL 33573

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: JAMES J. PULKOWSKI, CPA**TREASURER****04/30/2015**

Electronic Signature of Signing Officer/Director Detail

Date