2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2014
Secretary of State
CC9747462563

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Entity Name: SOUTH SHORE COALITION FOR MENTAL HEALTH & AGING, INC.

Current Principal Place of Business:

SUN TOWERS, 101 TRINITY LAKES DRIVE
SUITE NO. 174
SUN CITY CENTER, FL 33573

Current Mailing Address:

SUN TOWERS, 101 TRINITY LAKES DRIVE
SUITE NO. 174
SUN CITY CENTER, FL 33573 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 04/28/2014

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 33573

Title	P
Name	DUBREUVIL, EDMOND
Address	5839 SUNSET FALLS DRIVE
City-State-Zip:	APOLLO BEACH FL 33572

Title	CLINICAL OFFICER
Name	TRIVUS, ROBERT MD, PH D
Address	2233 NEW BEDFORD DRIVE
City-State-Zip:	SUN CITY CENTER FL 33573

Title	T
Name	PULKOWSKI, JAMES J CPA
Address	1219 MILLENNIUM PARKWAY SUITE 120
City-State-Zip:	BRANDON FL 33511

Title	LEGAL COUNSEL
Name	PREVATT, KAREN
Address	137 S. PEBBLE BEACH BLVD SUITE 102
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 T 04/28/2014

Electronic Signature of Signing Officer/Director Detail — Date