

**2025 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N98000000091

**Entity Name:** SUNCOAST MENTAL HEALTH CENTER, INC.

**Current Principal Place of Business:**

2222 COLONIAL ROAD,  
STE 100  
FORT PIERCE, FL 34950

**Current Mailing Address:**

2222 COLONIAL ROAD,  
STE 100  
FORT PIERCE, FL 34950 US

**FEI Number:** 65-0789152

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SAVINO, PATRICIA C  
2222 COLONIAL ROAD,  
STE 100  
FORT PIERCE, FL 34950 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:** PATRICIA SAVINO

03/14/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title BOARD MEMBER  
Name COOK, DAVID  
Address 2110 N.E. 39TH BLVD.  
City-State-Zip: OKEECHOBEE FL 34972

Title CEO  
Name MOORE, TAHIA  
Address 2222 COLONIAL ROAD  
SUITE 100  
City-State-Zip: FORT PIERCE FL 34950

Title BOARD MEMBER  
Name MURRAY, ELIZABETH (BETSY) S  
Address 2400 SOUTH OCEAN DRIVE  
APT 41008  
City-State-Zip: FORT PIERCE FL 34949

Title TREASURER  
Name BAUM, PATRICIA M  
Address 105 ABBIE COURT  
City-State-Zip: STUART FL 34996

Title PRESIDENT  
Name SAVINO, PATRICIA C  
Address 2400 S OCEAN DRIVE, #7615  
City-State-Zip: FORT PIERCE FL 34949

Title VP, SECRETARY  
Name EMERY, EILEEN M  
Address 91 SOUTHPOINTE DRIVE  
City-State-Zip: FORT PIERCE FL 34349

Title BOARD MEMBER  
Name JOHNSON, LAUREN  
Address 6107 TANGELO DRIVE  
City-State-Zip: FORT PIERCE FL 34982

Title BOARD MEMBER  
Name THOMPkins, LINDA  
Address 213 N. 40TH STREET  
City-State-Zip: FORT PIERCE FL 34947

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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:** LINDSEY PROFFITT

CFO

03/14/2025

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           BOARD MEMBER  
Name           TORRES, MARY  
Address        1555 CLUB DRIVE  
City-State-Zip: VERO BEACH FL 32963

Title           CFO  
Name           PROFFITT, LINDSEY  
Address        2222 COLONIAL ROAD  
                  SUITE 100  
City-State-Zip: FORT PIERCE FL 34950

Title           BOARD MEMBER  
Name           ADAMS, CINDEE  
Address        22500 OKEECHOBEE ROAD  
City-State-Zip: FORT PIERCE FL 34945