2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N98000000091

Entity Name: SUNCOAST MENTAL HEALTH CENTER, INC.

FILED Oct 30, 2024 Secretary of State 6978699734CC

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 10/30/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title	BOARD MEMBER	Title	PRESIDENT

Name COOK, DAVID Name SAVINO, PATRICIA C

2110 N.E. 39TH BLVD. 2400 S OCEAN DRIVE, #7615 Address Address

City-State-Zip: FORT PIERCE FL 34949 City-State-Zip: OKEECHOBEE FL 34972

Title CEO Title VP, SECRETARY

ENGLE, DEBRAS Name EMERY, EILEEN M Name

2222 COLONIAL ROAD, STE 100 Address 91 SOUTHPOINTE DRIVE Address City-State-Zip: FORT PIERCE FL 34349 City-State-Zip: FORT PIERCE FL 34950

Title **BOARD MEMBER** Title **BOARD MEMBER**

Name MURRAY, ELIZABETH (BETSY) S Address 6107 TANGELO DRIVE

Address 2400 SOUTH OCEAN DRIVE APT 41008

FORT PIERCE FL 34982 City-State-Zip: FORT PIERCE FL 34949 City-State-Zip:

Title **BOARD MEMBER** Title **TREASURER**

THOMPKINS, LINDA Name Name BAUM, PATRICIA M 213 N. 40TH STREET Address

Address 105 ABBIE COURT

City-State-Zip: FORT PIERCE FL 34947 STUART FL 34996 City-State-Zip:

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Name

JOHNSON, LAUREN

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 MARIE PROFFITT

10/30/2024 **CFO**

Officer/Director Detail Continued:

TitleBOARD MEMBERTitleBOARD MEMBERNameTORRES, MARYNameMAGUIRE, MEGAN M

Address 1555 CLUB DRIVE Address 4055 41ST AVE

City-State-Zip: VERO BEACH FL 32963 City-State-Zip: VERO BEACH FL 32960

Title BOARD MEMBER Title CFO

NameADAMS, CINDEENamePROFFITT, LINDSEYAddress22500 OKEECHOBEE ROADAddress8055 102ND AVE

City-State-Zip: FORT PIERCE FL 34945 City-State-Zip: VERO BEACH FL 32967