

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **741133** (3)

1. Corporation Name

**MIAMI BEHAVIORAL HEALTH CENTER, INC.**

Principal Place of Business

Mailing Address

**2141 SW 1ST STREET  
MIAMI FL 33135**

**2141 SW 1ST STREET  
MIAMI FL 33135**

2. Principal Place of Business

2a. Mailing Address

21 **3850 W. Flagler ST.**

26 **3850 W. Flagler ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **H**

27 **H**

City & State

City & State

23 **Miami, FL 33134**

28 **Miami, FL**

Zip

Country

Zip

Country

24 **USA**

29 **33134** 30 **USA**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**11/22/1977**

4. FEI Number

**59-1787777**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

**WARYAS, EDWARD J  
20340 NE 12TH CT  
N MIAMI BCH FL 33179**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>MONTES DEOCA, JOSE</b>	
STREET ADDRESS	<b>4841 SW 127TH COURT</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>PEREZ-CASTRO, JOSEFINE</b>	
STREET ADDRESS	<b>8845 SW 132 COUNT</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>LEON, CARMEN L</b>	
STREET ADDRESS	<b>1810 SW 92ND AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>COOPERMAN, LEONARD J</b>	
STREET ADDRESS	<b>1190 NE 89TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DIAZ, MANUEL W</b>	
STREET ADDRESS	<b>11220 S.W. 93RD ST</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MCEACHERN, ADRIANA</b>	
STREET ADDRESS	<b>1431 N.E. 132ND RD.</b>	
CITY-ST-ZIP	<b>NORTH MIAMI FL 33181</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*

CF2E037 (10/97)