


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 12, 1999 8:00 am**  
**Secretary of State**

0024959

03-12-1999 90014 017 \*\*\*\*\*8.75  
 03-12-1999 90014 018 \*\*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 770177**

1. Corporation Name  
**THE MENTAL HEALTH CARE CENTER OF THE LOWER KEYS, INC.**

Principal Place of Business 1205 4TH STREET KEY WEST FL 33041-7488	Mailing Address 1205 4TH STREET KEY WEST FL 33041-7488
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date incorporated or Qualified 09/09/1983	4. FEI Number 59-2331362 Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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9. Name and Address of Current Registered Agent

**WOLFE, MARSHAL**  
 1205 FOURTH ST  
 KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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]* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	ILCHUCK, PETER	
STREET ADDRESS	905 ANGELA ST	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	ROWE, HELEN	
STREET ADDRESS	2100 FLAGLER AVE	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MAGIL, MARY	
STREET ADDRESS	5031 5TH AVE #B-18	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RASMUS, REV. PAUL	
STREET ADDRESS	401 DUVAL ST.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	M	<input type="checkbox"/> DELETE
NAME	HIGGS, JOAN	
STREET ADDRESS	22 BEECHWOOD DR	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	DECASTRO, GUARIONEX	
STREET ADDRESS	3426 N ROOSEVELT BLVD	
CITY-ST-ZIP	KEY WEST FL 33040	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Amy Philips	
1.3 STREET ADDRESS	1104 Grinnell Street	
1.4 CITY-ST-ZIP	Key West, FL 33040	
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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 2/6/99 305-296-3460  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE037 (11/98)

825948-90014-9  
770177

**Care Center**  
For Mental Health

1205 Fourth Street Key West, Florida 33040 305-292-6843

FAX: 305-292-6723 SUNCOM: 464-6843

MEMBERS OF THE BOARD OF DIRECTORS  
October, 1998

**Chairman Peter Ilchuk**  
905 Angela Street  
Key West, FL 33040

Telephone: 296-4847 (hm)  
296-3464 (wk)

**Treasurer Rev. Paul Rasmus**  
401 Duval Street  
Key West, FL 33040

Telephone: 296-5142 (wk)

**Member Maureen Crowley**  
5901 College Road  
Key West, FL 33040

Telephone: 296-9081 (wk)  
X 320

**Member Joe Pinder**  
P. O. Box 1181  
Key West, FL 33040

Telephone: 296-6806 (hm)

**Member Rick Roth**  
5525 College Road  
Key West, FL 33040

Telephone: 292-7001 (wk)

**Member Jose Castillo, M.D.**  
29755 Overseas Highway  
P. O. Box 430668  
Big Pine Key, FL 33043-0668

Telephone: 872-1700 (wk)

**Kathy Houtz**  
TIB Bank of the Keys  
330 Whitehead St  
Key West, FL 33040

Telephone: 294-4387 (wk)

**Vice-Chairperson Helen Rowe**  
2100 Flagler Avenue  
Key West, FL 33040

Telephone: 293-6381 (wk)  
X 332  
294-6272 (hm)

**Secretary Amy Philips**  
FKETC  
P O Box 2571  
Key West, FL 33045

Telephone: 292-6762 (wk)

**Member Teresa Russell**  
1000 Kennedy Drive  
Key West, FL 33040

Telephone: 293-0004 (wk)

**Member Captain Tommy Taylor**  
5501 College Road  
Key West, FL 33041

Telephone: 293-7325 (wk)

**Member Guarionex DeCastro, M.D.**  
1434 Kennedy Drive, Suite 14A  
Key West, FL 33040

Telephone: 294-5557 (wk)

**Member Larry Meggs**  
1610 Josephine  
Key West, FL 33040

Telephone: 296-5948 (hm)

**Member Joan Higgs**  
22 Beechwood Drive  
Key West, FL 33040

Telephone: 294-4966 (wk)  
296-2292 (hm)