

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2000 8:00 am
Secretary of State

05-06-2000 90035 001 ****61.25
 05-06-2000 90035 002 ****8.75

DOCUMENT # 770177

1. Entity Name

THE MENTAL HEALTH CARE CENTER OF THE LOWER KEYS.

Principal Place of Business

Mailing Address

1205 4TH STREET
 KEY WEST FL 33041-7488

1205 4TH STREET
 KEY WEST FL 33040-3707

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2331362

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOLFE, MARSHAL
1205 FOURTH ST
KEY WEST FL 33040

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 type="checkbox"/> Delete
NAME	PHILIPS, AMY	
STREET ADDRESS	1104 GRINNELL STREET	
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	MD	<input type="checkbox"/> Delete
NAME	PINTER, JOE	
STREET ADDRESS	P.O. BOX 1181	
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	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ILCHUCK, PETER	
STREET ADDRESS	905 Angela St.	
CITY-ST-ZIP	Key West, FL 33040	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERESA RUSSELL	
STREET ADDRESS	1000 Kennedy Drive	
CITY-ST-ZIP	Key West, FL 33040	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RASMUS, REV. PAUL	
STREET ADDRESS	401 DUVAL ST	
CITY-ST-ZIP	Key West, FL 33040	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINDER, JOE	
STREET ADDRESS	P.O. BOX 1181	
CITY-ST-ZIP	Key West, FL 33040	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECASTRO, MD, GUARIONEX	
STREET ADDRESS	702 SOUTH ST.	
CITY-ST-ZIP	Key West, FL 33040	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/00 **305 296-5142**

CRE037 (9/99)