2003 UNIFORM BUSINESS REPORT (UBR)

above, or on an attachment with an address, with all other like empowered.

Electronic Signature of Signing Officer or Director

SIGNATURE: JOANNE CORREIA-KENT

DOCUMENT# N02000003935

Current Principal Place of Business:

FILED Mar 12, 2003 Secretary of State

New Principal Place of Business:

CO-P

03/12/2003

Entity Name: CHRISTINA G. SMITH COMMUNITY MENTAL HEALTH FOUNDATION, INC.

MIAMI, FL 33131				SUNRISE, FL 33351			
Current Mailing Address:			New Mailii	New Mailing Address:			
ONE S.E. THIRD AVE., STE. 2800 MIAMI, FL 33131				4265 PINE ISLAND ROAD SUNRISE, FL 33351			
FEI Number: 30-0	130880 FEI Number	Applied For ()	FEI Number Not Appli	icable ()	Certificate of Status Desi	red (X)	
Name and Add	lress of Current Regi	stered Agent:	Name and	Address of I	New Registered Agent	:	
	FORMATION SERVICE AST THIRD AVE., STE 31 US						
The above nam in the State of F		statement for the pu	rpose of changing it	s registered o	office or registered agen	t, or both,	
SIGNATURE:	Electronic Signature						
	t		Date				
OFFICERS AN	D DIRECTORS:		ADDITION	S/CHANGES	TO OFFICERS AND D	IRECTORS:	
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	D (HIGGS, MARK 2500 KENSING DAVIE, FL 333			
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	BUNETTA, THE 3600 WEST C) Change (X) Addition ERESA DMMERCIAL BLVD RDALE, FL 33309 US		
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	T (CAMPAGNA, L 2825 ARCADIA MIRAMAR, FL	DRIVE		
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:				
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	LAVALLE, DON 2819 NE 21 TE			
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	MAY, ANN 310 SE 5TH A\) Change (X) Addition /E ACH, FL 33060		
Florida Statutes my electronic si	 I further certify that the gnature shall have the 	ne information indica same legal effect as	ated on this report o s if made under oatl	r supplement n; that I am an	cemption stated in Sectional report is true and according of the officer or director of the da Statutes; and that my	urate and that corporation or	