

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morhart  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 07, 1996 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000045640 (8)**

1. Corporation Name

**CASADEMONT PSYCHIATRY CENTER, INC.**



Principal Place of Business

Mailing Address

7100 W 20TH AVE  
SUITE 301  
HIALEAH FL 33016

7100 W 20TH AVE  
SUITE 301  
HIALEAH FL 33016

2. Principal Place of Business

2a. Mailing Address

21

26

Subst. Apt. #, etc.

Subst. Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**HELIO, RODRIQUEZ E**  
**780 N.W. LE JEUNE ROAD**  
**STE 616**  
**MIAMI FL 33126**

81

Name

82

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

83

84

City

**FL**

85

Zip Code

3. Date Incorporated or Qualified

**06/23/1993**

3a. Date of Last Report

**04/10/1995**

4. FEI Number

**65-0428939**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature of the person to be appointed and registered agent of the corporation

Signature of the Registered Agent (Signature required when new agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>CASADEMONT, LETICIA T</b>	
STREET ADDRESS	<b>7100 W 20TH AVE SUITE 301</b>	
CITY-ST-ZIP	<b>HIALEAH FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>PASCUAL, BERNADRDO</b>	
STREET ADDRESS	<b>7100 W. 20 AVE #301</b>	
CITY-ST-ZIP	<b>HIALEAH FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>CASADEMONT, ANDRES J</b>	
STREET ADDRESS	<b>7100 W. 20 AVE #301</b>	
CITY-ST-ZIP	<b>HIALEAH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sandra B. Morhart*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/2/96* (305) 823-5227  
DATE DAY (Telephone Number)

CR2E034 (12/96)