

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 770177

(4)

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:22

Principal Place of Business

1205 4TH STREET
KEY WEST FL 33041-7488

Mailing Address

1205 4TH STREET
KEY WEST FL 33041-7488

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/09/1983	3a. Date of Last Report 02/15/1994
4. FEI Number 59-2331362	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

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	

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: *Marshal Wolfe*

MARSHAL WOLFE EXEC. DIRECTOR

FL

DATE: **1-25-95**

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CROWLEY, MAUREEN
STREET ADDRESS	5901 COLLEGE ROAD
CITY - ST - ZIP	KEY WEST FL 33040
TITLE	VD
NAME	RUSSELL, TERESA
STREET ADDRESS	1075 DUVAL ST.
CITY - ST - ZIP	KEY WEST FL 33040
TITLE	SD
NAME	CURRY, MERLIN
STREET ADDRESS	801 EMMA ST. APT. D
CITY - ST - ZIP	KEY WEST FL 33040
TITLE	TD
NAME	RASMUS, REV. PAUL
STREET ADDRESS	401 DUVAL ST.
CITY - ST - ZIP	KEY WEST FL 33040
TITLE	MD
NAME	MAGILL, MARY
STREET ADDRESS	5031 5TH AVE B-18
CITY - ST - ZIP	KEY WEST FL 33040
TITLE	MD
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	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PETER ILCHUK	
1.3 STREET ADDRESS	915 ANGELA ST.	
1.4 CITY - ST - ZIP	KEY WEST, FL. 33040	
2.1 TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOE PINDER	
2.3 STREET ADDRESS	P.O. Box 1181	N.A.
2.4 CITY - ST - ZIP	KEY WEST, FL. 33040	
3.1 TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JACK NILES	
3.3 STREET ADDRESS	2432 FLAGLER AVE.	
3.4 CITY - ST - ZIP	KEY WEST, FL. 33040	
4.1 TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	RICK ROTH	
4.3 STREET ADDRESS	P.O. Box 1269	N.A.
4.4 CITY - ST - ZIP	KEY WEST, FL. 33040	
5.1 TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MARY MAGILL	
5.3 STREET ADDRESS	5031 5th Ave B-18	
5.4 CITY - ST - ZIP	KEY WEST, FL. 33040	
6.1 TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MILLIE SCHNECK	
6.3 STREET ADDRESS	113 9th Ave.	
6.4 CITY - ST - ZIP	SUMMERLAND KEY, FL. 33042	

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 110.07(3)(b), Florida Statutes, I further certify that the information indicated on this annual report of a corporation and annual report to the public 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 trustee or trustee agent of the trust to which this report is required to be filed; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marshal Wolfe*
DIRECTOR AND TYPED AND PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

DATE: **1/25/94 (305) 292-6815**
City