

DEPARTMENT OF STATE FILING FEE IS \$61.25

FILED
Feb 16, 1999 8:00am
Secretary of State

02-16-1999 90037 039 *****61.25

DOCUMENT # 728856

1. Corporation Name

SOUTH COUNTY MENTAL HEALTH CENTER

Principal Place of Business

16158 S. MILITARY TRAIL
DELRAY BCH FL 33484-3501

Mailing Address

16158 S. MILITARY TRAIL
DELRAY BCH FL 33484-3501

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

600 DPI

Resolution Enhancement



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

E→E
Economode

2a. Mailing Address

21 Suite, Apt. #, etc.

21 City & State

23 Zip

PCL 6

MEt
Memory Enhancement
technology

2 MBytes

3. Date Incorporated or Qualified

02/18/1974

4. EIN Number

59-1519622

Applied For
Not Applicable

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

\$8.75 Additional
Fee Required

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SPEICHER, JOSEPH S.
16158 S. MILITARY TRAIL
DELRAY BEACH FL 33484-3501

81 Name

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

83

84 City

11. Pursuant to the provisions of Sections 617.0502 and 617.1509, 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 617.0509, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME BROOKS, LORENZO
STREET ADDRESS 6304 INDIAN WELLS BLVD
CITY-ST-ZIP BOYNTON BEACH FL

TITLE D
NAME HARRIS, JEAN
STREET ADDRESS 1121 NW 2ND STREET
CITY-ST-ZIP BOCA RATON FL

TITLE D
NAME POMPEY, C SPENCER
STREET ADDRESS 1121 NW 2ND STREET
CITY-ST-ZIP DELRAY BEACH FL

TITLE P
NAME RUBIN, KENNETH S.
STREET ADDRESS 4251 BRANDON DR.
CITY-ST-ZIP DELRAY BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14.1 TITLE

14.2 NAME

14.3 STREET ADDRESS

14.4 CITY-ST-ZIP

21.1 TITLE

22.1 NAME

23.1 STREET ADDRESS

24.1 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

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6.1 TITLE

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