


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 12, 1999 8:00 am**  
**Secretary of State**

0024959

03-12-1999 90014 017 \*\*\*\*\*8.75  
 03-12-1999 90014 018 \*\*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # 770177**

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

Principal Place of Business 1205 4TH STREET KEY WEST FL 33041-7488	Mailing Address 1205 4TH STREET KEY WEST FL 33041-7488
--	--



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/09/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2331362
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
	Zip 29	Country 30
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

WOLFE, MARSHAL 1205 FOURTH ST KEY WEST FL 33040	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE C	ILCHUCK, PETER 905 ANGELA ST KEY WEST FL 33040	1.1 TITLE S	Amy Philips 1104 Grinnell Street Key West, FL 33040
TITLE VC	ROWE, HELEN 2100 FLAGLER AVE KEY WEST FL 33040	2.1 TITLE	
TITLE S	MAGIL, MARY 5031 5TH AVE #B-18 KEY WEST FL 33040	2.2 NAME	
TITLE TD	RASMUS, REV. PAUL 401 DUVAL ST. KEY WEST FL 33040	2.3 STREET ADDRESS	
TITLE M	HIGGS, JOAN 22 BEECHWOOD DR KEY WEST FL 33040	2.4 CITY-ST-ZIP	
TITLE MD	DECASTRO, GUARIONEX 3426 N ROOSEVELT BLVD KEY WEST FL 33040	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	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 2/6/99 305-296-3460  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE037 (11/98)

825948-90014-9  
770177

**Care Center**  
For Mental Health

1205 Fourth Street Key West, Florida 33040 305-292-6843

FAX: 305-292-6723 SUNCOM: 464-6843

MEMBERS OF THE BOARD OF DIRECTORS  
October, 1998

**Chairman Peter Ilchuk**  
905 Angela Street  
Key West, FL 33040

Telephone: 296-4847 (hm)  
296-3464 (wk)

**Treasurer Rev. Paul Rasmus**  
401 Duval Street  
Key West, FL 33040

Telephone: 296-5142 (wk)

**Member Maureen Crowley**  
5901 College Road  
Key West, FL 33040

Telephone: 296-9081 (wk)  
X 320

**Member Joe Pinder**  
P. O. Box 1181  
Key West, FL 33040

Telephone: 296-6806 (hm)

**Member Rick Roth**  
5525 College Road  
Key West, FL 33040

Telephone: 292-7001 (wk)

**Member Jose Castillo, M.D.**  
29755 Overseas Highway  
P. O. Box 430668  
Big Pine Key, FL 33043-0668

Telephone: 872-1700 (wk)

**Kathy Houtz**  
TIB Bank of the Keys  
330 Whitehead St  
Key West, FL 33040

Telephone: 294-4387 (wk)

**Vice-Chairperson Helen Rowe**  
2100 Flagler Avenue  
Key West, FL 33040

Telephone: 293-6381 (wk)  
X 332  
294-6272 (hm)

**Secretary Amy Philips**  
FKETC  
P O Box 2571  
Key West, FL 33045

Telephone: 292-6762 (wk)

**Member Teresa Russell**  
1000 Kennedy Drive  
Key West, FL 33040

Telephone: 293-0004 (wk)

**Member Captain Tommy Taylor**  
5501 College Road  
Key West, FL 33041

Telephone: 293-7325 (wk)

**Member Guarionex DeCastro, M.D.**  
1434 Kennedy Drive, Suite 14A  
Key West, FL 33040

Telephone: 294-5557 (wk)

**Member Larry Meggs**  
1610 Josephine  
Key West, FL 33040

Telephone: 296-5948 (hm)

**Member Joan Higgs**  
22 Beechwood Drive  
Key West, FL 33040

Telephone: 294-4966 (wk)  
296-2292 (hm)