


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 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date incorporated or Qualified 09/09/1983	4. FEI Number 59-2331362 Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	FL

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 <input type="checkbox"/> DELETE	1.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ILCHUCK, PETER	1.2 NAME	Amy Philips
STREET ADDRESS	905 ANGELA ST	1.3 STREET ADDRESS	1104 Grinnell Street
CITY-ST-ZIP	KEY WEST FL 33040	1.4 CITY-ST-ZIP	Key West, FL 33040
TITLE	VC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWE, HELEN	2.2 NAME	
STREET ADDRESS	2100 FLAGLER AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL 33040	2.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGIL, MARY	3.2 NAME	
STREET ADDRESS	5031 5TH AVE #B-18	3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL 33040	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RASMUS, REV. PAUL	4.2 NAME	
STREET ADDRESS	401 DUVAL ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL 33040	4.4 CITY-ST-ZIP	
TITLE	M <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGGS, JOAN	5.2 NAME	
STREET ADDRESS	22 BEECHWOOD DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL 33040	5.4 CITY-ST-ZIP	
TITLE	MD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECASTRO, GUARIONEX	6.2 NAME	
STREET ADDRESS	3426 N ROOSEVELT BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL 33040	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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 DATE: **2/6/99** DAYTIME PHONE #: **305-296-3460**

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)