

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 08:00 AM
Secretary of State

DOCUMENT # 770177

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

Principal Place of Business 1205 4TH STREET KEY WEST FL 330417488	Mailing Address 1205 4TH STREET KEY WEST FL 330417488
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2. Principal Place of Business 1205 4TH STREET	3. Mailing Address 1205 4TH STREET
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State KEY WEST FL	City & State KEY WEST FL
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Zip 3304	Country	Zip 33040	Country
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4. FEI Number
59-2331362

Applied For	Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WOLFE MARSHAL
 1205 FOURTH ST

 KEY WEST FL 33040 US

7. Name and Address of New Registered Agent

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

 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ DATE **04/09/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DECASTRO, GUARIONEX	
STREET ADDRESS	3426 N ROOSEVELT BLVD	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	D	<input type="checkbox"/> Delete
NAME	PINTER JOE	
STREET ADDRESS	P.O. BOX 1181	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	C	<input type="checkbox"/> Delete
NAME	RASMUS, REV. PAUL	
STREET ADDRESS	401 DUVAL ST.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	S	<input type="checkbox"/> Delete
NAME	PHILIPS AMY	
STREET ADDRESS	1104 GRINNELL STREET	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	VC	<input type="checkbox"/> Delete
NAME	ROWE HELEN	
STREET ADDRESS	2100 FLAGLER AVE	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	D	<input type="checkbox"/> Delete
NAME	ILCHUCK PETER	
STREET ADDRESS	905 ANGELA ST	
CITY-ST-ZIP	KEY WEST FL 33040	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECASTRO GUARIONEX	
STREET ADDRESS	702 SOUTH STREET	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL TERESA	
STREET ADDRESS	2014 SEIDENBERG AVENUE	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER ILCHUCK D 04/09/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)