

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**Mailing Address**

1205 4TH STREET

1205 4TH STREET

KEY WEST

FL

KEY WEST

FL

330417488

330417488

2. Principal Place of Business

1205 4TH STREET

3. Mailing Address

1205 4TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

KEY WEST

FL

City & State

KEY WEST

FL

Zip

3304

Country

Zip

33040

Country

4. FEI Number**59-2331362****Applied For**

Not Applicable

5. Certificate of Status Desired**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**

WOLFE MARSHAL

1205 FOURTH ST

KEY WEST

33040

FL

US

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

04/09/2001

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****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DECASTRO, GUARIONEX		NAME	DECASTRO GUARIONEX		
STREET ADDRESS	3426 N ROOSEVELT BLVD		STREET ADDRESS	702 SOUTH STREET		
CITY-ST-ZIP	KEY WEST FL 33040		CITY-ST-ZIP	KEY WEST FL 33040		
TITLE	D	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PINTER JOE		NAME	RUSSELL TERESA		
STREET ADDRESS	P.O. BOX 1181		STREET ADDRESS	2014 SEIDENBERG AVENUE		
CITY-ST-ZIP	KEY WEST FL 33040		CITY-ST-ZIP	KEY WEST FL 33040		
TITLE	C	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RASMUS, REV. PAUL		NAME			
STREET ADDRESS	401 DUVAL ST.		STREET ADDRESS			
CITY-ST-ZIP	KEY WEST FL 33040		CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PHILIPS AMY		NAME			
STREET ADDRESS	1104 GRINNELL STREET		STREET ADDRESS			
CITY-ST-ZIP	KEY WEST FL 33040		CITY-ST-ZIP			
TITLE	VC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROWE HELEN		NAME			
STREET ADDRESS	2100 FLAGLER AVE		STREET ADDRESS			
CITY-ST-ZIP	KEY WEST FL 33040		CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ILCHUCK PETER		NAME			
STREET ADDRESS	905 ANGELA ST		STREET ADDRESS			
CITY-ST-ZIP	KEY WEST FL 33040		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

Daytime Phone #

CR2E037 (11/00)