

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741133

Entity Name: MIAMI BEHAVIORAL HEALTH CENTER, INC.**Current Principal Place of Business:**6100 BLUE LAGOON DRIVE
SUITE 400
MIAMI, FL 33126**Current Mailing Address:**6100 BLUE LAGOON DRIVE
SUITE 400
MIAMI, FL 33126 US**FEI Number:** 59-1787777**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HAYDEN, HARVEY B
6100 BLUE LAGOON DRIVE, SUITE 400
MIAMI, FL 33126 US*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:** HARVEY B. HAYDEN

03/08/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	COB
Name	FERNANDEZ, JORGE A
Address	2600 DOUGLAS ROAD, PH - 8
City-State-Zip:	CORAL GABLES FL 33134

Title	VCOB
Name	ABADIN, LOURDES
Address	2937 SW 27TH AVENUE, SUITE 208
City-State-Zip:	MIAMI FL 33133

Title	S/T
Name	GUERRA, CAROLYN
Address	6515 SW 116TH STREET
City-State-Zip:	PINECREST FL 33156

Title	CEO
Name	HAYDEN, HARVEY B
Address	6100 BLUE LAGOON DRIVE, SUITE 400
City-State-Zip:	MIAMI FL 33126

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HARVEY B. HAYDEN

PRESIDENT/CEO

03/08/2018

Electronic Signature of Signing Officer/Director Detail

Date