FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 9:07

DOCUMENT # 707228 (3)

1. Corporation Name

THE CHILDREN'S PSYCHIATRIC CENTER, INC.

Principal Place of Business	Mailing Address
15490 N.W. 7TH AVENUE. SUITE 200 MIAMI FL 33169	15490 N.W. 7TH AVENUE. SUITE 200 MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/01/1964
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-0866060 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

STILLER, CHARLES
1627 BRICKELL AVE
THE IMPERIAL - APT #1601
MIAMI FL 33129

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable): Di Lido Island
03: 310 East Di Lido Drive
04 City: Miami Beach, FL 05 Zip Code: 33139

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	☐ Change ☐ Addition
NAME	HARRIS, GLENDA G	1.2 NAME	
STREET ADDRESS	270 NW 120TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	HART, VALERIE	2.2 NAME	
STREET ADDRESS	70 LA GORCE CIRCLE	2.3 STREET ADDRESS	9133 Collins Avenue - #3D
CITY-ST-ZIP	MIAMI BCH FL	2.4 CITY-ST-ZIP	Bal Harbour, Fl., 33154
TITLE	VP	3.1 TITLE	☐ Change ☐ Addition
NAME	WILD, ESTELLE	3.2 NAME	
STREET ADDRESS	8525 S.W. 20TH TERR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	DURAN, FRANK	4.2 NAME	
STREET ADDRESS	1998 SW 1ST STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	STILLER, CHARLES R.	5.2 NAME	
STREET ADDRESS	1627 BRICKELL AVE, APT #1601	5.3 STREET ADDRESS	Di Lido Island - 310 East Di Lido Drive
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Miami Beach, Fl., 33139
TITLE	P	6.1 TITLE	☐ Change ☐ Addition
NAME	MAKAR, STEPHEN J	6.2 NAME	
STREET ADDRESS	9130 S DADELAND #1400	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Stephen J. Makar 3/2/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0044116