

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 13 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 707228 (3)
 1. Corporation Name
THE CHILDREN'S PSYCHIATRIC CENTER, INC.



Principal Place of Business 15490 N.W. 7TH AVENUE, SUITE 200 MIAMI FL 33169	Mailing Address 15490 N.W. 7TH AVENUE, SUITE 200 MIAMI FL 33169-6250
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified 05/01/1964	3a. Date of Last Report 06/05/1996	4. FEI Number 59-0866060	Applied For <input type="checkbox"/> Not Applicable
Country 25	Country 30	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

LOVELL, TERRY M 150 WEST FLAGLER STREET, SUITE 2200 MIAMI FL 33130	81 Name	10. Name and Address of New Registered Agent	
	82 Street Address (P.O. Box Number is Not Acceptable)		
	83	7000002087177 -02/13/97--01044--046	
	84 City	85 Zip Code	***61.25 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARRIS, GLENDA G 270 NW 120TH STREET N. MIAMI FL	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOVELL, TERRY M 150 WEST FLAGLER STREET, SUITE 2200 MIAMI FL 33130	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILD, ESTELLE 8525 S.W. 20TH TERR. MIAMI FL	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DURAN, FRANK 1998 SW 1ST STREET MIAMI FL	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNOLLY, MICHAEL P 11300 N.E. 2ND AVENUE MIAMI FL 33161	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAKAR, STEPHEN J 9130 S DADELAND #1400 MIAMI FL	<input type="checkbox"/> DELETE	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	VP IRVING, J. BRUCE 501 BRICKEL KEY DRIVE - SUITE 300 MIAMI FL 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D CALDERON, DONNA 7715 S.W. 127 COURT MIAMI FL 33183	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D DAWSON, BRENDA J. 19005 N.W. 17TH AVENUE MIAMI FL 33056	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D GONZALEZ, ZULEMA 8300 S.W. 5 STREET MIAMI FL 33144	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D GONZALEZ-HAYDEN, MARY H. 7175 S.W. 116 STREET MIAMI FL 33156	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<i>hj 2/13</i>
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D JOLLIVETTE-CARROLL, LYNDA P. 20770 N.E. 14 AVENUE N. MIAMI BEACH FL 33179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	

14. I do 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.

CR2E037 (9/96)

THE CHILDREN'S PSYCHIATRIC CENTER, INC.
15490 N.W. 7TH AVENUE
SUITE 200
MIAMI, FLORIDA 33169

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13. ADDITION/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D Change Addition
NAME SHELOW, DORIS J.
STREET ADDRESS 1900 CORAL WAY - SUITE #203
CITY-ST-ZIP MIAMI FL 33233-1266

TITLE D Change Addition
NAME SOSA, BEBA
STREET ADDRESS 111 N.W. 1ST STREET - SUITE 2210
CITY-ST-ZIP MIAMI FL 33128-1912

TITLE D Change Addition
NAME WHITTAKER, HOMER E. ✓
STREET ADDRESS P.O. BOX 432141
CITY-ST-ZIP MIAMI FL 33243-2141

TITLE D Change Addition
NAME WILD, ROBERT A.
STREET ADDRESS 8600 S.W. 120TH STREET
CITY-ST-ZIP MIAMI FL 33156