


FILE NOW: FILING FEE IS \$61.25

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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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3. Date Incorporated or Qualified 05/01/1964		
4. FEI Number 59-0866060	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

LOVELL, TERRY M
150 WEST FLAGLER STREET, SUITE 2200
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 FL 85 Zip Code

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	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVELL, TERRY M	2.2 NAME	
STREET ADDRESS	150 WEST FLAGLER STREET, SUITE 2200	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33130	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNOLLY, MICHAEL P	5.2 NAME	
STREET ADDRESS	11300 N.E. 2ND AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33161	5.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: *[Signature]* **GLENDA G. HARRIS, SECRETARY** 01/29/98 (305) 685-8245

CR2E037 (10/97)

THE CHILDREN'S PSYCHIATRIC CENTER, INC.

BOARD OF DIRECTORS
(1997-1998)

MAKAR, STEPHEN J. (President)	The Equitable Life Assurance Society 2 Datran Center - Suite 1400 9130 South Dadeland Boulevard Miami, Florida, 33156 Phone: (305)-670-3798
IRVING, Esquire, J. Bruce (Vice-President)	Bailey & Hunt, P.A. 501 Brickell Key Drive - Suite 300 Miami, Florida, 33131 Phone: (305)-374-5505
WILD, ESTELLE (Vice-President)	8600 S.W. 120th Street Miami, Florida, 33156 Phone: (305)-995-1295
LOVELL, C.P.A., TERRY M. (Treasurer)	Stearns, Weaver, Miller, Weissler, Alhadeff & Sitterson, P.A. Museum Tower 150 West Flagler Street - #2200 Miami, Florida, 33130 Phone: (305)-789-3207
HARRIS, GLENDA G. (Secretary)	270 N.W. 120th Street North Miami, Florida, 33168 Phone: (305)-688-5182
CALDERON, DONNA (Member of Board)	7715 S.W. 127th Court Miami, Florida, 33183 Phone: (305)-571-5438
CARROLL, LYNDA P. (Member of Board)	Madie Ives Elementary School 20770 N.E. 14th Avenue North Miami Beach, Florida, 33179 Phone: (305)-651-3159

CONNOLLY, MICHAEL P.
(Member of Board) Barry University
School of Social Work
11300 N.E. 2nd Avenue
Miami, Florida, 33161
Phone: (305)-899-3917

DAWSON, BRENDA J.
(Member of Board) 3765 Oakridge Lane
Fort Lauderdale, Florida, 33331
Phone: (305)-751-8960 (O)
Phone: (305)-512-4216 (H)

DURAN, FRANK
(Member of Board) 1998 S.W. 1st Street
Miami, Florida, 33135
Phone: (305)-643-5790

GONZALEZ, ZULEMA
(Member of Board) 8300 S.W. 5th Street
Miami, Florida, 33144
Phone: (305)-347-4605

GONZALEZ-HAYDEN,
MARY HELEN
(Member of Board) 7175 S.W. 116th Terrace
Miami, Florida, 33156
Phone: (305)-348-2501

KRUSÉ, RUTH OWENS
(Consultant,
Ex-Officio) 14521 Memorial Highway
(Box #610604)
North Miami, Florida, 33161
Phone: (305)-947-5922

SHELLOW, DORIS J.
(Member of Board) South Florida Psychiatric Society
(P.O. Box 331266)
1900 Coral Way - Suite #203
Miami, Florida, 33233-1266
Phone: (305)-665-0130

SOSA, BEBA
(Member of Board) Administrator, Retired & Senior
Volunteer Programs
Elderly Services
Metropolitan Dade County
111 N.W. 1st Street - Suite 2210
Miami, Florida, 33128-1912
Phone: (305)-375-5335

WHITTAKER, HOMER E.
(Member of Board)

P.O. Box 432141
Miami, Florida, 33243-2141

Phone: (305)-653-4399

WILD, ROBERT A.
(Member of Board)

8600 S.W. 120th Street (Residence)
Miami, Florida, 33156

Phone: 230-5200 -
(Miami Motor Sports)

MAC:mf:04-18-95

Revised: 05-24-95; 06-02-95; 08-15-95; 02-14-96; 05-01-96;
10-24-96; 12-13-96; 01-17-97; 01-29-97; 03-10-97;
10-17-97.