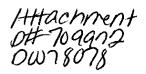
2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: Evelyn 2001 And I Chairperson RED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # 709972 Aug 10, 2000 8:00 am Secretary of State 1. Entity Name MENTAL HEALTH ASSOCIATION OF DADE COUNTY, INC. 08-10-2000 90010 049 ****70.00 Principal Place of Business Mailing Address 227 N.E. 17TH STREET 227 N.E. 17TH STREET MIAMI FL 33132-1231 MIAMI FL 33132-1231 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0637877 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BRAVO, JAMIE 227 N.E. 17TH ST **MIAMI FL 33132** Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. After September 13, 2000 min. will be \$236.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change Addition TITLE ☐ Delete TITLE COHAN, EVELYN MSW NAME NAME STREET ADDRESS 2127 BRICKELL AVENUE, SUITE 3501 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33158** Change ☐ Addition TITLE Delete TITI F D átkins, William NAME NAME STREET ADDRESS 395 NW 1 ST., SUITE 203 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33128** Change ☐ Addition ☐ Delete TITLE TITLE GIBSON, THELMA V NAME NAME STREET ADDRESS 3661 FRANKLIN AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33133** ☐ Delete ☐ Change Addition TITLE TITLE DIAZ, EDUARDO I PH.D NAME NAME STREET ADDRESS STREET ADDRESS 13625 SW 82ND CT. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33158 TITLE ☐ Delete TITLE V C Change Change ☐ Addition BENAVIDES, ALBERTO O NAME NAME STREET ADDRESS PO BOX 55-7022 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33255-7022 ☐ Addition ☐ Delete TITI F Change NAME GOODWIN, JEFFREY NAME STREET ADDRESS 9143 SW 77TH AVE. #B102 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33156** CITY-ST-7IF 12. 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 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.

Daytime Phone #



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D Larry Hawkins 7240 SW 39 Terr. Miami, FL 33155

D David Blyer 111 Park Center Blvd. Miami, FL 33169

D Ana Mederos Cedars Medical Center 1400 NW 12 Ave. Miami, FL 33136

D Rosie Gordon-Wallace 561 NW 32 St. Miami, FL 33127

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