

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM
Secretary of State****DOCUMENT # 709972****1. Entity Name**
MENTAL HEALTH ASSOCIATION OF DADE COUNTY, INC.

Principal Place of Business 227 N.E. 17TH STREET MIAMI FL 331321231	Mailing Address 227 N.E. 17TH STREET MIAMI FL 331321231
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 59-0637877	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BRAVO JAMIE 227 N.E. 17TH ST MIAMI FL 33132 US	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 JAMIE BRAVO <small>Signature, typed or printed name of registered agent and title if applicable.</small>	04/27/2001 <small>DATE</small>
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(NOTE: Registered Agent signature required when reinstalling)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE V	NAME BENAVIDES ALBERTO			<input type="checkbox"/> Delete	TITLE D	NAME GOODWIN JEFFREY R			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS P.O. BOX 55-7022					STREET ADDRESS 9143 SW 77TH AVENUE #B102				
CITY-ST-ZIP MIAMI FL 332557022					CITY-ST-ZIP MIAMI FL 33156				
TITLE PP	NAME DIAZ EDUARDO I			<input type="checkbox"/> Delete	TITLE D	NAME KAREN DREYER A			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 140 W. FLAGLER ST., #1101					STREET ADDRESS 2901 SW 149TH AVENUE SUITE 200				
CITY-ST-ZIP MIAMI FL 33130					CITY-ST-ZIP MIRAMAR FL 33027				
TITLE MAL	NAME GIBSON THELMA V.A.			<input type="checkbox"/> Delete	TITLE D	NAME HAWKINS LARRY			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3661 FRANKLIN AVENUE					STREET ADDRESS 7240 SW 39TH TERRACE				
CITY-ST-ZIP COCONUT CREEK FL 33133					CITY-ST-ZIP MIAMI FL 33155				
TITLE T	NAME BLACK JAMES			<input type="checkbox"/> Delete	TITLE T	NAME BLACK JAMES			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5900 SW 73RD ST., #101					STREET ADDRESS 6150 SW 76TH STREET				
CITY-ST-ZIP MIAMI FL 33143					CITY-ST-ZIP SOUTH MIAMI FL 33143				
TITLE S	NAME HANRAHAN DANIEL			<input type="checkbox"/> Delete	TITLE S	NAME HANRAHAN DANIEL			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 180 CARIBBEAN WAY					STREET ADDRESS 1080 CARIBBEAN WAY				
CITY-ST-ZIP MIAMI FL 33132					CITY-ST-ZIP MIAMI FL 33132				
TITLE P	NAME BRAVO JAMIE			<input type="checkbox"/> Delete	TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 227 N.E. 17TH STREET					STREET ADDRESS				
CITY-ST-ZIP MIAMI FL 331321231					CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: Jamie Bravo	P	04/27/2001
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORDatePhone #

CR2E037 (11/00)

EVELYN COHAN, C
2127 BRICKELL AVENUE, SUITE 3501

MIAMI, FL 33132

MITCHELL SEGERMEISTER, D
P.O. BOX 997990 MD 4000

MIAMI, FL 33299

ESTER VILATOBA, D
338 MAJORCA VENUE #4

CORAL GABLES, FL 33134

OSCAR RIVERO, D
2601 BAYSHORE DRIVE #1600

COCONUT GROVE, FL 33133

PATRICIA SAN PEDRO, D
ONE HERALD PLAZA

MIAMI, FL 33132

ROSIE GORDON-WALLACE, D
BAKEHOUSE ART COMPLEX
561 NW 32ND STREET, STUDIO 48
MIAMI, FL 33127

WILLIAM S. ATKINS, D
395 NW 1ST STREET, SUITE 203

MIAMI, FL 33128

DANIELLE ROMER, D
10374 SW 208TH TERRACE

MIAMI, FL 33189

HELEN MCGUIRE, D
1340 SE 11TH PLACE

HOMESTEAD, FL 33035

EVELIO MARTINEZ, D
866 PONCE DE LEON BOULEVARD

CORAL GABLES, FL 33133

ALBERTO O. BENAVIDES, VP
P.O. BOX 55-7022

MIAMI, FL 33255

DAVID BLYER, D
3610 N 32ND AVENUE

HOLLYWOD, FL 33021

ANA J. MEDEROS, D
1100 NW 95TH STREET

MIAMI, FL 33150

EDUARDO I. DIAZ, PP
140 WEST FLAGLER STREET SUITE 1101

MIAMI, FL 33130

THELMA V.A. GIBSON, MAL
3661 FRANKLIN AVENUE

COCONUT GROVE, FL 33133