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

APPROVED AND FILED
95 APR 23 PM 7:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 712033 (0)

1. Corporation Name
45TH STREET MENTAL HEALTH CENTER, INC.

Principal Place of Business	Mailing Address
1041-45TH STREET WEST PALM BEACH FL 33407	1041-45TH STREET WEST PALM BEACH FL 33407

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/29/1966
3a. Date of Last Report: 03/02/1994
4. FEI Number: 59-1171320 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☒	**$8.75** Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	**$68.75** Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

SAAVEDRA, RODRIGO
PLAZA 3000 #2 THIRD FL
3000 N FEDERAL HWY
FT LAUDERDALE FL 33306

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	11 TITLE	CD	☒ Change ☐ Addition
NAME	KELLY, WALTER	12 NAME	VORPE-QUINLAN, NANCY	
STREET ADDRESS	P.O.BOX 9966, N/A	13 STREET ADDRESS	200 ELWA PLACE	
CITY-ST-ZIP	WEST PALM BEACH FL	14 CITY-ST-ZIP	WEST PALM BEACH, FL 33405	
TITLE	DS	21 TITLE	S D	☒ Change ☐ Addition
NAME	WIESEN, LT STEVEN R	22 NAME	CRITTON, ROBERT	
STREET ADDRESS	BOX 9074 N/A	23 STREET ADDRESS	712 U.S. HIGHWAY ONE	
CITY-ST-ZIP	RIVIERA BCH FL	24 CITY-ST-ZIP	NORTH PALM BEACH, FL 33403	
TITLE	VD	31 TITLE	T D	☒ Change ☐ Addition
NAME	VORPE - QUINLAN, NANCY	32 NAME	GORDON, KENNETH T.	
STREET ADDRESS	200 ELWA PLACE	33 STREET ADDRESS	2400 PGA BLVD., SUITE 4	
CITY-ST-ZIP	WEST PALM BEACH FL	34 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	ORR, JOSEPH	42 NAME		
STREET ADDRESS	P.O. BOX 3151 N/A	43 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	44 CITY-ST-ZIP		
TITLE	TD	51 TITLE	VD	☒ Change ☐ Addition
NAME	GORDON, KENNETH T.	52 NAME	SPINA, KEN M.	
STREET ADDRESS	2400 PGA BLVD., SU 4	53 STREET ADDRESS	901 NORTHPOINT PKWY, SUITE 303	
CITY-ST-ZIP	PALM BCH GARDENS FL	54 CITY-ST-ZIP	WEST PALM BEACH, FL 33407	
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	DELONGA, JAMES C	62 NAME		
STREET ADDRESS	13 GLENGARY ROAD	63 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL	64 CITY-ST-ZIP		

I 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: Nancy Vorpe Quinlan 4/18/95 (407) 820-8711
SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0011080