## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 16, 2001 8:00 am § Secretary of State **DOCUMENT # 712033** 1. Entity Name 05-16-2001 90183 048 \*\*\*\*70.00 45TH STREET MENTAL HEALTH CENTER, INC. Principal Place of Business Mailing Address 1041-45TH STREET 1041-45TH STREET WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407 B0057202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1171320 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SAAVEDRA, RODRIGO PLAZA 3000 #2 THIRD FL 3000 N FEDERAL HWY City Zip Code FT LAUDERDALE FL 33306 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 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: Make Check Pavable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE A Delete TITLE ☐ Change ☐ Addition VORPE-QUINLAN, NANCY NAME NAME STREET ADDRESS STREET ADDRESS 200 ELWA PLACE CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33405 Delete TITLE TITLE [X] Change ☐ Addition CHAIRMAN DIRECTOR CRITTON, ROBERT NAME NAME STREET ADDRESS 712 US HWY 1... STREET ADDRESS NORTH PALM BEACH FL 33408 CITY-ST-ZIP CITY-ST-ZIP TITLE X Delete TITLE ☐ Change ☐ Addition GORDON, KENNETH T NAME NAME STREET ADDRESS 2400 PGA BLVD SUITE 4 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PAL BEACH GARDENS FL SECRETARY DIRECTOR TITLE ☐ Delete TITI F [X] Change ☐ Addition ORR, JOSEPH NAME NAME STREET ADDRESS P O BOX 31511 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33420 CD DIRECTOR TITLE ☐ Delete TITLE (X) Change ☐ Addition SPINA, KEN M NAME NAME STREET ADDRESS 901 NORTHPOINT PKWY SUITE 303 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33407 TITLE ☐ Delete Change TITLE TREASURER DIRECTOR ☐ Addition DELONGA, JAMES C NAME NAME

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 timer like empowered.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

12 SURREY ROAD

PALM BEACH GARDENS FL 33418

STREET ADDRESS

CITY-ST-ZIP

4-19-01

FILED

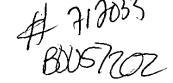
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## 45th Street Mental Health Center, Inc. 1041 45th Street

West Palm Beach, Florida 33407

561/844-9741 Fax 561/848-5764

An Equal Opportunity Employer



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