

FILED
Feb 16, 1999 8:00am
Secretary of State

02-16-1999 90037 039 *****61.25

DOCUMENT # 728856

1. Corporation Name

SOUTH COUNTY MENTAL HEALTH CENTER



Principal Place of Business

16158 S. MILITARY TRAIL
DELRAY BCH FL 33484-3501

Mailing Address
16158 S. MILITARY TRAIL
DELRAY BCH FL 33484-3501



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

21 Suite, Apt. #, etc.

21 City & State

21 Zip

21 Country

PCL 6

3. Date Incorporated or Qualified

02/18/1974

4. EIN Number
59-1519672

5. Certificate of Status Desired

2 MBytes

6. Election Campaign Financing
Trust Fund Contribution

Applied For
Not Applicable

\$8.75 Additional Fee Required

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SPEICHER, JOSEPH S.
16158 S. MILITARY TRAIL
DELRAY BEACH FL 33484-3501
E-E Economode
E-E ECP 1284C

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 617.0502 and 617.1509, 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 617.0502, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D NAME BROOKS, LORENZO STREET ADDRESS 6304 INDIAN WELLS BLVD CITY-ST-ZIP BOYNTON BEACH FL

TITLE D NAME HARRIS, JEAN STREET ADDRESS 11111 PALM JAMMO REAL, #9B CITY-ST-ZIP BOCA RATON FL

TITLE D NAME POMPEY, C SPENCER STREET ADDRESS 1121 NW 2ND STREET CITY-ST-ZIP DELRAY BEACH FL

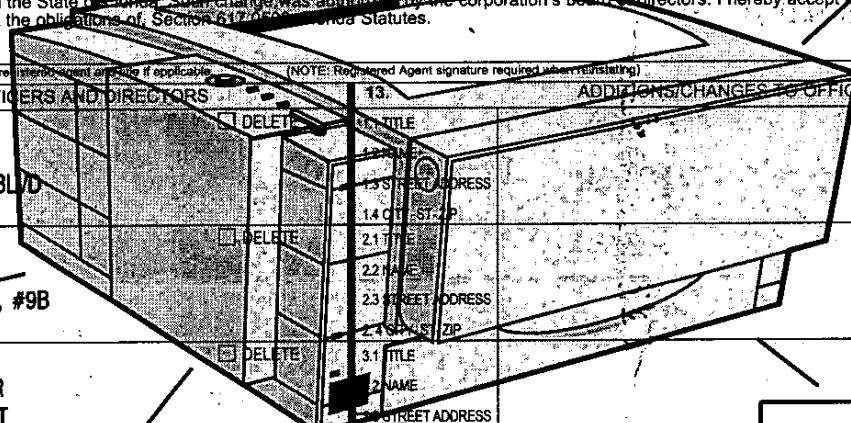
TITLE P NAME RUBIN, KENNETH S. STREET ADDRESS 4251 BRANDON DR. CITY-ST-ZIP DELRAY BEACH FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for a fee exemption under Section 119.07(3)(b), 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, with all other like empowered.

SIGNATURE: KENNETH S. RUBIN 561-274-9006 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



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