2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 AM
Secretary of State

DOCUMENT# 741133

Entity Name: MIAMI BEHAVIORAL HEALTH CENTER, INC.

Current Principal Place of Business:

3850 W FLAGLER ST
MIAMI, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

3850 W FLAGLER ST
MIAMI, FL 33134 US

New Mailing Address:

FEI Number: 59-1787777 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTINEZ, OLIVIA T
3850 W FLAGLER ST
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete
Name: GRAU, CELINDA
Address: 1810 SW 110TH AVE
City-St-Zip: MIAMI, FL 33165

Title: PD ( ) Delete
Name: MOSS, MICHAEL A
Address: 8601 NW 193 TERRACE
City-St-Zip: MIAMI, FL 33015

Title: OALD ( ) Delete
Name: LEON, CARMEN L
Address: 1810 SW 92ND AVENUE
City-St-Zip: MIAMI, FL 33165

Title: SD ( ) Delete
Name: SCHLOSS-BIRKHOLZ, GISELA
Address: 8901 SW 110TH AVENUE
City-St-Zip: MIAMI, FL 33165

Title: TD ( ) Delete
Name: SOKOLOW, CAROL
Address: 10241 SW 142ND STREET
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: GRAU, CELIDA
Address: 1810 SW 110TH AVE
City-St-Zip: MIAMI, FL 33165

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CELIDA GRAU VPD 01/15/2002

Electronic Signature of Signing Officer or Director Date