2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2004
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:

11031 NE 6 AVE
MIAMI, FL 33161 US

Current Mailing Address:

3850 W FLAGLER ST
MIAMI, FL 33134 US

New Mailing Address:

11031 NE 6 AVE
MIAMI, FL 33161 US

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:

MARTINEZ, OLIVIA T
11031 NE 6 AVE
MIAMI, FL 33161 US

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: OLIVIA MARTINEZ 05/21/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

Title: OALD (X) 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 33176

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

Title: VPD (X) Delete
Name: FERNANDEZ, JORGE A ESQ
Address: 8920 SW 96 STREET
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: FERNANDEZ, JORGE A
Address: 150 ALHAMBRA CIRCLE
City-St-Zip: MIAMI, FL 33134

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: JORGE FERNANDEZ PD 05/21/2004
Electronic Signature of Signing Officer or Director Date