

**2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jul 11, 2007**  
**Secretary of State**

DOCUMENT# 741133

**Entity Name:** MIAMI BEHAVIORAL HEALTH CENTER, INC.**Current Principal Place of Business:**11031 NE 6 AVE  
MIAMI, FL 33161 US**New Principal Place of Business:****Current Mailing Address:**11031 NE 6 AVE  
MIAMI, FL 33161 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:**HAYDEN, BRUCE H PRES  
11031 NE 6 AVE  
MIAMI, FL 33161 US**Name and Address of New Registered Agent:**HAYDEN, H BRUCE PRES  
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: H. BRUCE HAYDEN

07/11/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** COB ( ) Delete  
**Name:** FERNANDEZ, JORGE A  
**Address:** 150 ALHAMBRA CIRCLE  
**City-St-Zip:** MIAMI, FL 33134**Title:** SD ( ) Delete  
**Name:** DUMAINE, MARIAN  
**Address:** 500 NE 199 TERRACE  
**City-St-Zip:** MIAMI, FL 33179**Title:** TD ( ) Delete  
**Name:** SOKOLOW, CAROL  
**Address:** 10241 SW 142ND STREET  
**City-St-Zip:** MIAMI, FL 33176**Title:** VCOB ( ) Delete  
**Name:** MOSS, MICHAEL  
**Address:** 3090 SW 140TH AVENUE  
**City-St-Zip:** MIRAMAR, FL 33027**Title:** OAL ( ) Delete  
**Name:** SCHAEFFER, JOAN  
**Address:** 5240 SW 88TH COURT  
**City-St-Zip:** MIAMI, FL 33165**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****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:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** PRES ( ) Change (X) Addition  
**Name:** HAYDEN, H BRUCE  
**Address:** 11031 NE 6TH AVENUE  
**City-St-Zip:** MIAMI, FL 33161

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: H BRUCE HAYDEN

PRES

07/11/2007

Electronic Signature of Signing Officer or Director

Date