

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741133

FILED
Apr 28, 2008
Secretary of State

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 (X)

Name and Address of Current Registered Agent:

HAYDEN, H BRUCE PRES
11031 NE 6 AVE
MIAMI, FL 33161 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: 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: PRES () Delete
Name: HAYDEN, H BRUCE
Address: 11031 NE 6TH AVENUE
City-St-Zip: MIAMI, FL 33161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SECT (X) Change () Addition
Name: DUMAINE, MARIAN
Address: 500 NE 199 TERRACE
City-St-Zip: MIAMI, FL 33179

Title: TRES (X) Change () Addition
Name: SOKOLOW, CAROL
Address: 9500 S. DADELAND BLVD., SUITE 700
City-St-Zip: MIAMI, FL 33156

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 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

04/28/2008

Electronic Signature of Signing Officer or Director

Date