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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

742508

(5)

DOUGLAS GARDENS COMMUNITY MENTAL HEALTH CENTER OF MIAMI BEACH, INC.

FILED Apr 17 1996 8:00 am Secretary of State



	o of Business	Mailing Address				i ceatit tallit billit tillte Ritt Afff	1841 BIBII BII	in Bidit Bi	imai didil Albil iddi
	IN RD SECOND FLOOR CH FL 33139	701 LINCOLN RD., SECOND FLOOR MIAMI BEACH FL 33139							
						3. Date Incorporated or Qualified 04/18/1978	3a. Da	te of La: 06/07	st Report /1995
2. Principal Place of Business 2a. Mailing Address						4. FEI Number			Applied For
21 26 Suite, Apt. #, etc. Suite Apt. # etc.						59-1923396			Not Applicabl
22		Suite, Apt. #, etc.			5. Certificate of Status Desired	H		5 Additional Required	
City & Stai	ie	City & State				6. Election Campaign Financing	F-1	\$5.	00 May Be
Zip	Country	28 Zin	1 0			Trust Fund Contribution		Add	ed to Fees
24	25	Zip Country 29 30				This corporation has liability for intangible tax under s. 199,032,			
	9. Name and Address of Curro		30				Yes 🛂		
		on nogistared Agent		31	Name	10. Name and Address of New Re	gistered /	gent	-
BDADA	DANIEL		["					
BRADY, DANIEL				32	Street	Address (P.O. Box Number is Not Acceptable	3)		
701 LINCOLN ROAD, SECOND FLOOR MIAMI BEACH FL 33139				33					
MIAMI	BEACH FL 33139			3					
				14	City		FL		ip Code
11. Pursuant or registe familiar w	to the provisions of Sections 617.050 red agent, or both, in the State of Fio ith, and accept the obligations of, Ser	02 and 617.1508, Florida Statul rida. Such change was authorization 617.0503, Florida Statutes	tes, the above zed by the co s.	e-na rpo	amed co ration's	orporation submits this statement for the purp board of directors. I hereby accept the appoi		nging its registere	registered offic d agent. I am
SIGNATURE									
	Signature, typed or printed name of registered age		DTE: Registered A	gent	signature n	equired when reinstating)	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECT	ORS IN 12
TITLE	P	DELETE	1.1 TITL	E] Change	Addition
NAME	MALMUTH, MAURICE		1.2 NAM	ΙE					
STREET ADDRESS	10275 COLLINS AVE APT. 1	1117-S	1.3 STRE	ET A	ADDRESS				
CITY-ST-ZIP	BAY HARBOR FL	/	1.4 CITY	- \$1-	-ZIP			_	
TITLE	TD	☑ DELETE	2.1 TITLE	Ε		Marcala AN Jak	P	Change	☐ Addition
NAME	TAPLIN, SOL		2.2 NAM	E		Meiseim AN, JAY 10235 W. BEOAD W.			
STREET ADDRESS	9999 COLLINS AVE. PH 1D		23 STRE	ET A	DORESS	10235 W. ISROAD WI	ew I	erve	=
CITY - ST - ZIP	BAL HARBOUR FL 33154		2 4 CiTy	-ST	-ZIP	BAY HARbOR ISLAN	d FL	33	154
TITLE	VD	DELETE	3.1 TITLE	:				1 Change	Addition
NAME	RECHTSHAFFER, HELEN		3.2 NAM	E	ŀ		_	- "	
STREET AODRESS	9801 COLLINS AVENUE		3.3 STRE	ET A	DORESS				
CITY-ST-ZIP	BAL HARBOUR FL		3.4. CITY	- 51	-ZIP				
TITLE	S	DELETE	4.1 TITLE	_				Change	☐ Addition
NAME	SUAREZ, REGINA		4. 2 NAM	ΙE	1		_		
STREET ADDRESS	4410 ALTON RD		4.3 STRE	ET AI	DDRESS				
CITY-ST-ZIP	MIAMI BEACH FL 33140		4.4 CITY	-ST-	ZiP				
TITLE	VD	DELETE	5.1 TITLE					Change	Addition
NAME	CATASUS, GRACIELA		5.2 NAME				<u></u>		L.J Fadition
STREET ADDRESS	2457 COLLINS AVE. APT. 20)5	5.3 STREI		DORESS				
CITY-ST-ZIP	MIAMI BEACH FL 33140		5.4 CITY						
TITLE	VD	DELETE	6.1 THTLE		En.			Change	Addition
NAME	SUSSKIND, WILLASUE		6.2 NAME				<u> </u>	l curanilis	Addition
STREET ADDRESS	SIXTEEN ISLAND AVE. 5-D		6.3 STREE		opproe				
CITY-ST-ZIP	MIAMI BEACH FL 33139								
	v certify that the information supplied	with this filing is valented of	6.4 CITY	SI	ZIP	ify for the exemption stated in Section 119.07			

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 eath; 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.