

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 17 1996 8:00 am
Secretary of State

DOCUMENT # 742508 (5)

1. Corporation Name

DOUGLAS GARDENS COMMUNITY MENTAL HEALTH CENTER O F MIAMI BEACH, INC.



Principal Place of Business	Mailing Address
701 LINCOLN RD., SECOND FLOOR MIAMI BEACH FL 33139	701 LINCOLN RD., SECOND FLOOR MIAMI BEACH FL 33139

3. Date Incorporated or Qualified 04/18/1978	3a. Date of Last Report 06/07/1995
4. FEI Number 59-1923396	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRADY, DANIEL
701 LINCOLN ROAD, SECOND FLOOR
MIAMI BEACH FL 33139

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MALMUTH, MAURICE	
STREET ADDRESS	10275 COLLINS AVE APT. 1117-S	
CITY-ST-ZIP	BAY HARBOR FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	TAPLIN, SOL	
STREET ADDRESS	9999 COLLINS AVE. PH 1D	
CITY-ST-ZIP	BAL HARBOUR FL 33154	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RECHTSCHAFFER, HELEN	
STREET ADDRESS	9801 COLLINS AVENUE	
CITY-ST-ZIP	BAL HARBOUR FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SUAREZ, REGINA	
STREET ADDRESS	4410 ALTON RD	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CATUSUS, GRACIELA	
STREET ADDRESS	2457 COLLINS AVE. APT. 205	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SUSSKIND, WILLASUE	
STREET ADDRESS	SIXTEEN ISLAND AVE. 5-D	
CITY-ST-ZIP	MIAMI BEACH FL 33139	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Meiseiman, Jay
2.3 STREET ADDRESS	10235 W. Broadview Drive
2.4 CITY-ST-ZIP	BAY HARBOR Island FL 33154
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further 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 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Maurice Malmuth* **MAURICE MALMUTH** 3/19/96 866/1726

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)