


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 742508
1. Corporation Name
DOUGLAS GARDENS COMMUNITY MENTAL HEALTH CENTER OF MIAMI BEACH, INC.

Principal Place of Business: 701 LINCOLN ROAD MIAMI BEACH, FL 33139
Mailing Address: 701 LINCOLN ROAD MIAMI BEACH, FL 33139

3. Date Incorporated or Qualified 3/15/79
4. FEI Number 59-1923396 Applied For Not Applicable

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

5. Certificate of Status Desired [X] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [] \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? [] Yes [X] No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [] Yes [X] No

9. Name and Address of Current Registered Agent
Daniel T. Brady
701 Lincoln Road (Second Floor)
Miami, Beach, FL 33139

10. Name and Address of New Registered Agent
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 617.0112 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: *Wendy Davis* DATE: 4/30/98

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Rosalie Pincus	
STREET ADDRESS	11 Island Av. #12	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Regina Suarez	
STREET ADDRESS	4410 Alton Rd.	
CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Michele Adams	
STREET ADDRESS	4300 Alton Rd.	
CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	Jay Meiselman	
STREET ADDRESS	10235 W. Broadview Dr.	
CITY-ST-ZIP	Bay Harbor, FL 33154	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Brett Feinstein	
1.3 STREET ADDRESS	6525 SW 55th Lane	
1.4 CITY-ST-ZIP	Miami, FL 33155	
2.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Maurice Malmuth	
2.3 STREET ADDRESS	19275 Collins Ave. # 1117S	
2.4 CITY-ST-ZIP	Bal Harbour, FL 33154	
3.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	George Stein	
3.3 STREET ADDRESS	9511 Collins Av. #508	
3.4 CITY-ST-ZIP	Bal Harbour, FL 33154	
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		

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Rosalie Pincus* 4/29/98 305(53)0341
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)

Ms. Michele Adams
Nursing Administration
Mt. Sinai Medical Center
4300 Alton Road
Miami Beach, Florida 33140

Dr. Seth Goldsmith
CEO
Miami Jewish Home and Hospital
5200 NE 2nd Avenue
Miami, Florida 33137

Mr. David Felder
7135 Collins Avenue, # 1816
Miami Beach, Florida 33141

Mrs. Lizette Lopez
4615 Alton Road
Miami Beach, Florida 33140

Mr. Jay Meiselman
10235 West Broadview Drive
Bay Harbor Island, Florida 33154

Ms. Rosalie Pincus
16th Avenue, # 412
Miami Beach, Florida 33139

Ms. Willasue Susskind
Sixteen Island Avenue, # 5-D
Miami Beach, Florida 33139

Ms. Elosia Toledo
626 West 51st Street
Miami Beach, Florida 33140

Dr. Mark Bloom
450 NW 102nd Place
Miami, Florida 33178

Ms. Christina Cuervo
1600 South Miami Avenue
Miami, Florida 33129

Mr. Brett Feinstein
6525 SW 55th Lane
Miami, Florida 33155

Mr. Maurice Malmuth
10275 Collins Avenue, # 1117 - S
Bal Harbour, Florida 33154

Ms. Maria Suzrez Pellerin
5637 La Gorce Drive
Miami Beach, Florida 33140

Ms. Gilda Saul
19631 NE 18th Court
North Miami Beach, Florida 33179

Ms. Regina Suarez
4410 Alton Road
Miami Beach, Florida 33140

Mr. David Topp
2100 San Souci Boulevard, # 106
North Miami, Florida 33181

Dr. Daniel Brady
1080 NE 9th Place
Miami Shores, Florida 33138

Mrs. Myra Farr
9800 West Bay Harbor Drive, # 703
Bay Harbor Islands, Florida 33154

Ms. Phyllis Goldsmith
9940 E. Broadview Drive
Bay Harbor Island, Florida 33154

Mr. Arthur Mark
9180 West Bay Harbor Drive
Bay Harbor Islands, Florida 33154

Mr. Jose Pinon
Assistant City Manager
City of Miami Beach
1700 Convention Center Drive
Miami Beach, Florida 33139

Mr. Glenn Schmidt
740 West 49th Street
Miami Beach, Florida 33140

Mr. George Stein
9511 Collins Avenue, # 508
Miami Beach, Florida 33154