

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742508

FILED
Apr 29, 2008
Secretary of State

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

Current Principal Place of Business:

701 LINCOLN RD., SECOND FLOOR
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

701 LINCOLN RD., SECOND FLOOR
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 59-1923396 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BRADY, DANIEL
701 LINCOLN ROAD, SECOND FLOOR
MIAMI BEACH, FL 33139 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: PD () Delete
Name: HERTZ, JACQUE
Address: 565 N. SHORE DRIVE
City-St-Zip: MIAMI BEACH, FL 33141

Title: SD () Delete
Name: DAVIDOVIC, STELLA
Address: 2040 HARBOR WAY UNIT 283
City-St-Zip: MIAMI, FL 33180

Title: ED () Delete
Name: BRADY, DANIEL
Address: 701 LINCOLN ROAD
City-St-Zip: MIAMI, FL 33139

Title: VD () Delete
Name: ARFA, GERT
Address: 4925 S. COLLINS AVE.
City-St-Zip: MIAMI BEACH, FL 33140

Title: TD () Delete
Name: MOWATT, MICHAEL
Address: 1000 WEST AVENUE APT 1204
City-St-Zip: MIAMI BEACH, FL 33139

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:

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: DR. DANIEL BRADY

ED

04/29/2008

Electronic Signature of Signing Officer or Director

Date