

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90052 009 ****70.00

DOCUMENT # 747764

1. Corporation Name

BAYVIEW CENTER FOR MENTAL HEALTH, INC.

Principal Place of Business

12550 BISCAYNE BLVD
919
N MIAMI FL 33181
US

Mailing Address

12550 BISCAYNE BLVD
919
N MIAMI FL 33181
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

06/21/1979

4. FEI Number

59-2031288

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

WARD, ROBERT S.
12550 BISCAYNE BLVD
919
N MIAMI FL 33181

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 617.0502 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 CD
NAME GRAY, SUSAN W.
STREET ADDRESS 3857 NE 187 ST
CITY-ST-ZIP NMB FL ☐ DELETE

TITLE VD
NAME PORTZ, ROBERT
STREET ADDRESS 13130 NE 8 AVE
CITY-ST-ZIP N. MIAMI BEACH FL ☒ DELETE

TITLE VD
NAME FARRINGTON, JAMES
STREET ADDRESS 1301 NW 98 TERR
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE TD
NAME ZIPPER, JOSEPH S
STREET ADDRESS 1001 BRICKELL BAY, 9TH FLOOR
CITY-ST-ZIP MIAMI FL 33131 ☐ DELETE

TITLE SD
NAME WEISBERG, BONNIE L
STREET ADDRESS 6420 ALLISON RD
CITY-ST-ZIP MIAMI BEACH FL 33141 ☒ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

VD

Neary, Joseph

12550 BISCAYNE BLVD 919
N MIAMI FL 33181

SD

Herrera, Prospero

12550 BISCAYNE BLVD 919
N MIAMI FL 33181

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert S. Ward

(305) 892-4646

Date

Daytime Phone #

CR2E037 (11/98)