

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 747764

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2031288

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CD ☒ Delete
NAME GRAY, SUSAN W.
STREET ADDRESS 3857 NE 167 ST
CITY-ST-ZIP NMB FL

TITLE Secretary ☐ Change ☒ Addition
NAME LEMIEUX, JOHN E.
STREET ADDRESS P.O. BOX 530675
CITY-ST-ZIP MIAMI FL 33153

TITLE VD ☐ Delete
NAME NEARY, JOSEPH
STREET ADDRESS 12550 BISCAYNE BLVD 919
CITY-ST-ZIP N. MIAMI BEACH FL 33181

TITLE P ☐ Change ☒ Addition
NAME WARD, ROBERT S
STREET ADDRESS 12550 BISCAYNE BLVD 919
CITY-ST-ZIP N. MIAMI FL 33181

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME PROSPERO, HERRERA
STREET ADDRESS 12550 BISCAYNE BLVD 919
CITY-ST-ZIP N MIAMI FL 33181

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE C ☐ Delete
NAME FERNANDEZ, RICHARD
STREET ADDRESS 11077 BISCAYNE BLVD- 4TH FLR
CITY-ST-ZIP MIAMI FL 33161

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert S Ward
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT S WARD / CEO

4/23/2001

(305) 892-4600

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)