

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 747764**

1. Entity Name

BAYVIEW CENTER FOR MENTAL HEALTH, INC.**FILED**
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90079 024 ****70.00

Principal Place of Business

Mailing Address

30 BISCAYNE BLVD
MIAMI FL 33181
US12550 BISCAYNE BLVD
919
N MIAMI FL 33181
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2031288

Applied For

Not Applicable

Zip

Country

Zip

Country

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 \$61.259. 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 S
NAME LEMIEUX, JOHN E
STREET ADDRESS P O BOX 530675
CITY-ST-ZIP MIAMI FL 33153 ☐ DeleteTITLE VD
NAME GILLARD, RUDEAN
STREET ADDRESS 12550 BISCAYNE BLVD #919
CITY-ST-ZIP N. MIAMI FL 33181 ☐ Change ☒ AdditionTITLE P
NAME WARD, ROBERT S
STREET ADDRESS 12550 BISCAYNE BLVD 919
CITY-ST-ZIP N. MIAMI BEACH FL 33181 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE VD
NAME FARRINGTON, JAMES
STREET ADDRESS 1301 NW 98 TERR
CITY-ST-ZIP MIAMI FL ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE TD
NAME ZIPPER, JOSEPH S
STREET ADDRESS 1001 BRICKELL BAY, 9TH FLOOR
CITY-ST-ZIP MIAMI FL 33131 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE SD
NAME PROSPERO, HERRERA
STREET ADDRESS 12550 BISCAYNE BLVD 919
CITY-ST-ZIP N MIAMI FL 33181 ☐ DeleteTITLE VD
NAME PROSPERO, HERRERA
STREET ADDRESS 12550 BISCAYNE BLVD 919
CITY-ST-ZIP N. MIAMI FL 33181 ☒ Change ☐ AdditionTITLE C
NAME FERNANDEZ, RICHARD
STREET ADDRESS 11077 BISCAYNE BLVD- 4TH FLR
CITY-ST-ZIP MIAMI FL 33161 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Date

Daytime Phone #

CR2E037 (9/01)