2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2004 8:00 am
Secretary of State
06-23-2004 90001 009 ****70.00

DOCUMENT # 747764

1. Entity Name
BAYVIEW CENTER FOR MENTAL HEALTH, INC.

Principal Place of Business	Mailing Address
12550 BISCAYNE BLVD 919 N MIAMI, FL 33181 US	12550 BISCAYNE BLVD 919 N MIAMI, FL 33181 US

06212004 Chg-NP CR2E037 (10/03)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C GILLARD, RUDEAN 12550 BISCAYNE BV 919 N MIAMI, FL 33181	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GORDON, SHELLEY 12550 BISCAYNE BLVD, 919 NORTH MIAMI, FL 33181	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WARD, ROBERT S 12550 BISCAYNE BLVD 919 N. MIAMI BEACH, FL 33181	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LEMIEUX, JOHN R 12550 BISCAYNE BLVD. 919 N. MIAMI, FL 33181	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC LEMIEUX, JOHN R 12550 BISCAYNE BLVD, 919 NORTH MIAMI, FL 33181	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ZIPPER, JOSEPH S 1001 BRICKELL BAY, 9TH FLOOR MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC PROSPERO, HERRERA 12550 BISCAYNE BLVD 919 N MIAMI, FL 33181	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C PROSPERO HERRERA 12550 BISCAYNE BLVD 919 NORTH MIAMI, FLORIDA 33181	☒ Change ☐ Addition
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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 ROBERT S. WARD 6-21-04 305 892-4646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment 540584492

Bayview Center for
Mental Health, Inc.
12550 Biscayne Boulevard
Suite 919
North Miami, Florida 33181
305-892-4600

Robert S. Ward, C.H.E., L.C.S.W.
President and C.E.O.

EXECUTIVE OFFICES
(305) 892-4646

BUSINESS AND
HUMAN RESOURCES
(305) 892-4600
Fax (305) 893-1224

OUTPATIENT SERVICES
(305) 892-4600

CROSSROADS
(305) 892-4605
Intensive Outpatient
Substance Abuse Treatment

CASE MANAGEMENT
(305) 892-4747

OTHER AGENCY SITES:

CRISIS
STABILIZATION UNIT
Emergency Services
(305) 691-HELP (4357)

DART
Forensic Dual Diagnosis
Residential Treatment
(954) 961-5985

FACT
Florida Assertive
Community Treatment
(786) 331-1011

FOCUS HOUSE
Psychosocial Clubhouse
(305) 895-4800

NEXT STEP
Dually Diagnosed
Transitional Housing
(305) 895-2138

START PROGRAM
Short Term Adult
Residential Treatment
(954) 966-4442

SUPPORTED HOUSING
Community Based Living
(305) 940-2238

TRANSITIONS
Transitional Residential
Rehabilitation
(954) 966-4185

Bayview Center

June 21, 2004

Ms. Eula Peterson
Department of State
Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, FL 32301

RE: Document #747764, FEI Number 59-2031288
Bayview Center for Mental Health, Inc.

Dear Ms. Peterson:

We last week discovered that we have not yet received the Certificate of Status requested on our 2004 Not-For-Profit Corporation Annual Report, submitted to you in April 2004.

After speaking with your office, we have learned that you have no record of receipt of the report. Upon checking with our bank, we have also learned that our Check #17097 dated April 9, 2004, in the amount of $70.00 (Filing Fee $61.25, plus Certification of Status Fee $8.75) has not cleared our account and is shown as outstanding in our records.

Although you did not think it necessary, as we are not-for-profit, we are enclosing copies of the original report and the check that was sent at that time. We are again submitting the report and a check in the amount of $70.00 for the filing and certificate.

Again, thank you for your assistance in this matter.

Sincerely,

Orlando Colmenares
Accountant

OC:pah

Attachment 5405-8492

FIRST UNION NATIONAL BANK OF FLORIDA
MIAMI FLORIDA

17097

63-643/670

Bayview Center
For Mental Health, Inc.
12550 BISCAYNE BLVD., SUITE 919
NORTH MIAMI, FLORIDA 33181

DATE 04/09/2004

PAY SEVENTY AND 00 CENTS********** DOLLARS $ ***70.00***
TO THE ORDER OF

DEPARTMENT OF STATE
PO BOX 1500
TALLAHASSEE, FL 32302-1500

BAYVIEW CENTER FOR MENTAL HEALTH, INC.

NOT - NEGOTIABLE

AUTHORIZED SIGNATURE

⑈017097⑈ ⑆067006432⑆ 2166503163030⑈

DATE	DESCRIPTION	AMOUNT	DEDUCTIONS	NET AMOUNT
04/09/2004	2004 UNIFORM BUSINESS REPORT RENEWAL OF DOCUMENT # 747764	$70.00		

Attachment

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

5405-8492

PAID

APR 09 2004

CHECK # 17097

DOCUMENT # 747764

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N MIAMI, FL 33181

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Name

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Due by May 1, 2004

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SIGNATURE: [signature] 4/9/04 305-892-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #