2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2005
Secretary of State

DOCUMENT# 747764

Entity Name: BAYVIEW CENTER FOR MENTAL HEALTH, INC.

Current Principal Place of Business:

12550 BISCAYNE BLVD
919
N MIAMI, FL 33181 US

New Principal Place of Business:

Current Mailing Address:

12550 BISCAYNE BLVD
919
N MIAMI, FL 33181 US

New Mailing Address:

FEI Number: 59-2031288 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WARD, ROBERT S.
12550 BISCAYNE BLVD
919
N MIAMI, FL 33181 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: VP ( ) Delete
Name: GORDON, SHELLEY
Address: 12550 BISCAYNE BV 919
City-St-Zip: N MIAMI, FL 33181

Title: P ( ) Delete
Name: WARD, ROBERT S
Address: 12550 BISCAYNE BLVD 919
City-St-Zip: N. MIAMI BEACH, FL 33181

Title: VC ( ) Delete
Name: LEMIEUX, JOHN R
Address: 12550 BISCAYNE BLVD. 919
City-St-Zip: N. MIAMI, FL 33181

Title: TD ( ) Delete
Name: ZIPPER, JOSEPH S
Address: 1001 BRICKELL BAY, 9TH FLOOR
City-St-Zip: MIAMI, FL 33131

Title: C ( ) Delete
Name: PROSPERO, HERRERA
Address: 12550 BISCAYNE BLVD 919
City-St-Zip: N MIAMI, FL 33181

Title: S ( ) Delete
Name: OSSIP, BOBBI
Address: 12550 BISCAYNE BLVD 919
City-St-Zip: NORTH MIAMI, FL 33181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VC (X) Change ( ) Addition
Name: GORDON, SHELLEY
Address: 12550 BISCAYNE BV 919
City-St-Zip: N MIAMI, FL 33181

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 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 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: ROBERT S. WARD P 05/25/2005
Electronic Signature of Signing Officer or Director — Date