

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Oct 24, 2008**  
**Secretary of State**

DOCUMENT# 747764

**Entity Name:** BAYVIEW CENTER FOR MENTAL HEALTH, INC.**Current Principal Place of Business:**111 NW 183RD. ST.  
SUITE 500  
MIAMI GARDENS, FL 33169 US**New Principal Place of Business:****Current Mailing Address:**111 NW 183RD. ST.  
SUITE 500  
MIAMI GARDENS, FL 33169 US**New Mailing Address:****FEI Number:** 59-2031288**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SLEEPER, JAMES R.  
111 NW 183RD STREET  
500  
MIAMI GARDENS, FL 33169 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:** VC ( ) Delete  
**Name:** GORDON, SHELLEY  
**Address:** 111NW 183RD STREET, SUITE 500  
**City-St-Zip:** MIAMI GARDENS, FL 33169**Title:** P ( ) Delete  
**Name:** SLEEPER, JAMES R  
**Address:** 111 NW 183RD STREET, SUITE 500  
**City-St-Zip:** MIAMI GARDENS, FL 33169**Title:** D ( ) Delete  
**Name:** MAGIE, WAYNE  
**Address:** 1219 EUCLID AVE, APT 11  
**City-St-Zip:** MIAMI BEACH, FL 33139**Title:** TD ( ) Delete  
**Name:** FEINBERG, NOEL J  
**Address:** 1905 NE 124TH STREET  
**City-St-Zip:** NORTH MIAMI, FL 33181**Title:** C ( ) Delete  
**Name:** JURIGA, LAWRENCE  
**Address:** 700 N3 124TH STREET  
**City-St-Zip:** NORTH MIAMI, FL 33181**Title:** S ( ) Delete  
**Name:** OSSIP, BOBBI  
**Address:** 111 NW 183RD STREET  
**City-St-Zip:** MIAMI GARDENS, FL 33169**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** C (X) Change ( ) Addition  
**Name:** GORDON, SHELLEY  
**Address:** 660 CYPRESS CLUB WAY, UNIT C  
**City-St-Zip:** POMPANO BEACH, FL 33064**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** VC (X) Change ( ) Addition  
**Name:** REMON, JESUS  
**Address:** 12785 CYPRUS ROAD  
**City-St-Zip:** NORTH MIAMI, FL 33181**Title:** VC (X) Change ( ) Addition  
**Name:** SACKS, MARTHA  
**Address:** 1701 NE 127TH STREET  
**City-St-Zip:** NORTH MIAMI, FL 33181**Title:** S (X) Change ( ) Addition  
**Name:** OSSIP, BOBBI A  
**Address:** 925 - 89TH STREET  
**City-St-Zip:** SURFSIDE, FL 33154**Title:** M (X) Change ( ) Addition  
**Name:** WAIGE, WAYNE  
**Address:** 1219 EUCLID AVENUE APARTMENT 11  
**City-St-Zip:** MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JAMES R SLEEPER

PRES

10/24/2008

Electronic Signature of Signing Officer or Director

Date