

747764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

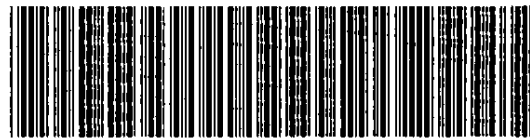
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
10 JUL 22 AM 10:29

*R.A. Chong*  
C.COULLIETTE

JUL 22 2010

EXAMINER

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Bayview Center for Mental Health, Inc.  
Name of Corporation

DOCUMENT NUMBER: 747764

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Charles B. Huiss  
Name of Contact Person

Bayview Center for Mental Health, Inc.  
Firm/Company

700 SE 3rd Avenue, Ste 100  
Address

Fort Lauderdale, FL 33316  
City/State and Zip Code

chuess@bayviewcenter.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles B. Huiss at ( 954 ) 414-8720  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327.  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 2, 2010

CHARLES B. HUISS  
BAYVIEW CENTER FOR MENTAL HEALTH, INC.  
700 SW 3RD AVE., STE 100  
FT LAUDERDALE, FL 33316

SUBJECT: BAYVIEW CENTER FOR MENTAL HEALTH, INC.  
Ref. Number: 747764

We have received your document for BAYVIEW CENTER FOR MENTAL HEALTH, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You didn't fill out the change of agent form and show the new registered agent in the area marked #6. This should have the person's name and address if they will be the new agent. If you are only trying to resign as registered agent, you will need to go download the form for resignation of registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette  
Regulatory Specialist II

Letter Number: 010A00016244

RECEIVED  
2010 JUL 22 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this  
statement of change is submitted for a corporation organized under the laws of the State of FLORIDA

           in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: BAYVIEW CENTER FOR MENTAL HEALTH, INC.

2. The principal office address: 700 SE THIRD AVE, STE 100, FORT LAUDERDALE, FL 33316

3. The mailing address (if different): SAME AS ABOVE

4. Date of incorporation/qualification: JUNE 21, 1979 Document number: 747764

5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State: (If resigned, enter resigned)

JAMES R. SLEEPER, MA, CAP

111 NW 183RD STREET, STE 500

MIAMI GARDENS, FL 33169

6. The name and street address of the new registered agent (if changed) and /or registered office  
(if changed):

JAMES R. SLEEPER, MA, CAP

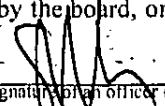
700 SE THIRD AVENUE, STE 100

P.O. Box NOT acceptable

FORT LAUDERDALE, FL 33316

The street address of its registered office and the street address of the business office of its registered agent,  
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so  
authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

JAMES R. SLEEPER, PRESIDENT

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity,  
I further agree to comply with the provisions of all statutes relative to the proper and complete performance  
of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this  
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the  
corporation has been notified in writing of this change.*

  
\_\_\_\_\_  
Signature of Registered Agent

JULY 12, 2010

Date

If signing on behalf of an entity:

JAMES R. SLEEPER, MA, CAP

Typed or Printed Name

**\*\*\* FILING FEE: \$35.00 \*\*\***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

FILED  
SECRETARY OF  
DIVISION OF CORPORATIONS  
10 JUL 22 AM 10:29