

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747764

FILED
Jan 24, 2011
Secretary of State

Entity Name: BAYVIEW CENTER FOR MENTAL HEALTH, INC.

Current Principal Place of Business:

700 SE THIRD AVE.
SUITE 100
FT LAUDERDALE, FL 33316 US

New Principal Place of Business:

Current Mailing Address:

700 SE THIRD AVE.
SUITE 100
FT LAUDERDALE, FL 33316 US

New Mailing Address:

FEI Number: 59-2031288 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SLEEPER, JAMES R., MA, CAP
700 SE THIRD AVE.
SUITE 100
FT LAUDERDALE, FL 33316 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: C
Name: REMON, JESUS
Address: 12785 CYPRUS ROAD
City-St-Zip: NORTH MIAMI, FL 33181

Title: P
Name: SLEEPER, JAMES R
Address: 111 NW 183RD STREET, SUITE 500
City-St-Zip: MIAMI GARDENS, FL 33169

Title: VC
Name: BOYD, MATTHEW
Address: 1020 NW 163RD DRIVE
City-St-Zip: MIAMI GARDENS, FL 33169

Title: SEC
Name: POWELL, NORMAN
Address: 17100 NE 19TH AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33169

Title: TREA
Name: POWELL, NORMAN
Address: 17100 NE 19TH AVE
City-St-Zip: NORTH MIAMI BEACH, FL 33169

Title: M
Name: SACKS, MARTHA
Address: 1701 NE 127TH ST
City-St-Zip: NORTH MIAMI, FL 33181

I hereby 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 all other like empowered.

SIGNATURE: JAMES R. SLEEPER

PRES

01/24/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date