

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

02-28-2003 90422 001 \*\*\*140.00  
747764

DOCUMENT # 747764

1. Entity Name

BAYVIEW CENTER FOR MENTAL HEALTH, INC.



FILED

03 MAY 13 PM 2:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

12550 BISCAYNE BLVD  
919  
N MIAMI FL 33181  
US

Mailing Address

12550 BISCAYNE BLVD  
919  
N MIAMI FL 33181  
US

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

6. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

WARD, ROBERT S.  
12550 BISCAYNE BLVD  
919  
N MIAMI FL 33181

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
GILLARD, RUDEAN  
12550 BISCAYNE BV 919  
N MIAMI FL 33181 ☐ Delete

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  
VD  
FARRINGTON, JAMES  
1301 NW 98 TERR  
MIAMI FL ☒ Delete

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  
SD  
PROSPERO, HERRERA  
12550 BISCAYNE BLVD 919  
N MIAMI FL 33181 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
PROSPERO, HERRERA  
12550 BISCAYNE BV 919  
N MIAMI FL 33181 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
C  
GILLARD, RUDEAN  
12550 BISCAYNE BLVD 919  
N.MIAMI FL 33181 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
LEMIEUX, JOHN E.  
12550 BISCAYNE BLVD 919  
N MIAMI FL 33181 ☐ Change ☒ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/03

305 892-4600

CH2E037 (10/02)