

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 770177 (4)  
1. Corporation Name

THE MENTAL HEALTH CARE CENTER OF THE LOWER KEYS, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 15 PM 3:22

Principal Place of Business Mailing Address  
1205 4TH STREET KEY WEST FL 33041-7488  
1205 4TH STREET KEY WEST FL 33041-7488

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/09/1983 3a. Date of Last Report 02/15/1994  
4. FEI Number 59-2331362 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country  
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

WOLFE, MARSHAL  
1205 FOURTH ST  
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Marshal Wolfe*  
Signature, typed or printed name of registered agent and title (if applicable)

MARSHAL WOLFE EXEC. DIRECTOR  
(NOTE: Registered Agent signature required when registering)

FL 85 Zip Code

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CROWLEY, MAUREEN
STREET ADDRESS	5901 COLLEGE ROAD
CITY - ST - ZIP	KEY WEST FL 33040
TITLE	VD
NAME	RUSSELL, TERESA
STREET ADDRESS	1075 DUVAL ST.
CITY - ST - ZIP	KEY WEST FL 33040
TITLE	SD
NAME	CURRY, MERLIN
STREET ADDRESS	801 EMMA ST. APT. D
CITY - ST - ZIP	KEY WEST FL 33040
TITLE	TD
NAME	RASMUS, REV. PAUL
STREET ADDRESS	401 DUVAL ST.
CITY - ST - ZIP	KEY WEST FL 33040
TITLE	MD
NAME	MAGILL, MARY
STREET ADDRESS	5031 5TH AVE B-18
CITY - ST - ZIP	KEY WEST FL 33040
TITLE	MD
NAME	DECASTRO, GUARIONEX
STREET ADDRESS	3426 N ROOSEVELT BLVD
CITY - ST - ZIP	KEY WEST FL 33040

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PETER ILCHUK	
1.3 STREET ADDRESS	915 ANGELA ST.	
1.4 CITY - ST - ZIP	KEY WEST, FL. 33040	
2.1 TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOE PINDER	
2.3 STREET ADDRESS	P.O. Box 1181 N.A.	
2.4 CITY - ST - ZIP	KEY WEST, FL. 33040	
3.1 TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JACK NILES	
3.3 STREET ADDRESS	2432 FLAGLER AVE.	
3.4 CITY - ST - ZIP	KEY WEST, FL. 33040	
4.1 TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	RICK ROTH	
4.3 STREET ADDRESS	P.O. Box 1269 N.A.	
4.4 CITY - ST - ZIP	KEY WEST, FL. 33040	
5.1 TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MARY MAGILL	
5.3 STREET ADDRESS	5031 5th Ave B-18	
5.4 CITY - ST - ZIP	KEY WEST, FL 33040	
6.1 TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MILLIE SCHNECK	
6.3 STREET ADDRESS	113 9th Ave.	
6.4 CITY - ST - ZIP	SUMMERLAND KEY, FL. 33042	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes, I further certify that I am an officer or director of the corporation or the trustee or trustee emeritus 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 trustee or trustee emeritus 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 trustee or trustee emeritus and that my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Marshal Wolfe*  
Signature, typed or printed name of registered agent and title (if applicable)

Date: 1/25/94 (305) 292-6815