FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 770177

1. Corporation Name

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

Principal Place of Business

1205 4TH STREET KEY WEST FL 33041-7488 Mailing Address

1205 4TH STREET KEY WEST FL 33041-7488

FILED Mar 12, 1999 8:00 am \$ Secretary of State

03-12-1999 90014 017 *****8.75 03-12-1999 90014 018 ****61.25

										ļ				•			-
2. Principal F	Place of Busin	ess		2a. Mailing Address						-	3. Date inco	rporate	or Qualif	fed			
21					26						09/09/1						
Suite, Apt	. #, etc.			1	Suite, Apt. #	, etc.				1	4. FEI Num		-			Ap	plied For
22					27					59-2331362					No	t Applicable	
	City & State					City & State					5. Certifcate	of State	ıs Dosiror	. d		\$8.75	
23					28						o. Continuate			- 1		Fee Re	equired
Zip	Country				Zip		Country				6. Election (ng 🗇		\$5.00	,
24		25		29							Trust Fur					Added	to Fees
	9. Name	and	Address of Current	Regi	stered Agent					1	0. Name an	d Addr	ess of Ne	w Regist	ered A	gent	
							81	NE	ame								
WOLFE, MARSHAL									treet Ac	ldress	(P.O. Box N	umber i	s Not Acc	eptable)			
1205 FOURTH ST																 	
KEY WEST FL 33040													•				
							84	Ci	ity				·		FL	85 Zip (Code
11. Pursuant	t to the provisi	ons (of Sections 617.0502	and (617.1508, Flor	ida Statutes, t	he above	-nai	med co	rporat	ion submits	his stat	ement for	the purpo	se of c	hanging its	registered
office or	registered age	ent, c	or Sections 617,0502 or both, in the State of nd accept the obligation	Flor	ida. Such char	nge was autho	nzed by	ពេខ ៖	corpora	ition's	poard of dire	ctors. I	пегеру ас	cept the	appoint	инетт аз ге	yısıcı eu
SIGNATURE			11		•	,											
SIGNATURE	Signature, typed	or prin	led name of registered agent	and title	if applicable.	(NOTE: Reg	istered Agen	t sign	satura requ	ired whe	en reinstating)				TE		
12.			OFFICERS AND	DIR			13.			_	ADDITION	S/CHAI	IGES TO	OFFICE	RS AND		
TITLE	C					DELETE	1.1 TITLE			5						Change	Additio
NAME	ILCHUCK,						1.2 NAME		•	٩m٦	/ Philip	2\$. 4			
STREET ADDRESS					1.3 \$			3 STREET ADDRESS 1104							•		
CITY-ST-ZIP	KEY WEST FL 33040									œy_	west,	FL	3304	10			FT & J J 1841
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NAME	ROWE, HE						2.2 NAME					•		•	-	•	- 5 - 10-
STREET ADDRESS	(·				2.3			2.3 STREET ADDRESS									
CITY-ST-ZIP	KEY WES	<u> FL</u>	33040				2. 4 CiTY-ST-ZIP									C7.05	- A J J 314
TITLE	S				• •			3.1 TITLE								Change	Addition
NAME	MAGIL, M		_		3.2 N			3.2 NAME									
STREET ADORESS							3.3 STREET ADDRESS										
CITY-ST-ZIP	KEY WEST	FL	33040				4. CITY+ST-ZIP								Change	Additio	
TITLE	TD		DA1.11			/ELE E	4.1 TITLE									Change	☐ Addite
NAME	RASMUS,						4. 2 NAME									•	•
STREET ADDRESS	.,	401 DUVAL ST.							RESS								
CITY-ST-ZIP	KEY WEST	FL	33040				4.4 CITY-ST	-ZIP						·		Change	Addition
TITLE	M					DELETE	5.1 TITLE							•		_] Change	□] waalaa
NAME	HIGGS, JO						5.2 NAME										
STREET ADDRESS							5.3 STREET		- 1								
CITY-ST-ZIP	KEY WES	FL	33040				5.4 CITY-S	-ZIP						-			F-1 & J-1:4:
TITLE	MD	_				DELETE	6.1 TITLE									Change	Addition
NAME			UARIONEX				6.2 NAME										
STREET ADDRESS			evelt blvd				6.3 STREET						•				
CITY-ST-ZIP	KEY WES	FL	33040				6.4 CITY-ST	-ZIP									

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with all pther like empowered.

CICNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

99 305-296-346

Daytime Phone #

CR2E037 (1



HA5948-90014-9

1205 Fourth Street Key West, Florida 33040 305-292-6843

FAX: 305-292-6723 SUNCOM: 464-6843

MEMBERS OF THE BOARD OF DIRECTORS October, 1998

Chairman Peter Ilchuk 905 Angela Street Key West, FL 33040

Telephone:

296-4847 (hm)

296-3464 (wk)

Treasurer Rev. Paul Rasmus

401 Duval Street Key West, FL 33040

Telephone:

296-5142 (wk)

Member Maureen Crowley

5901 College Road Key West, FL 33040

Telephone:

296-9081 (wk)

X 320

Member Joe Pinder P. O. Box 1181

Key West, FL 33040

Telephone:

296-6806 (hm)

Member Rick Roth

5525 College Road Key West, FL 33040

Telephone:

292-7001 (wk)

Member Jose Castillo, M.D.

29755 Overseas Highway

P. O. Box 430668

Big Pine Key, FL 33043-0668

Telephone:

872-1700 (wk)

Kathy Houtz

TIB Bank of the Keys 330 Whitehead St Key West, FL 33040

Telephone: 294-4387 (wk)

Vice-Chairperson Helen Rowe

2100 Flagler Avenue Key West, FL 33040

Telephone:293-6381 (wk).

X 332

294-6272 (hm)

Secretary Amy Philips

FKETC

P O Box 2571

Key West, FL 33045

Telephone:

292-6762 (wk)

Member Teresa Russell

1000 Kennedy Drive Key West, FL 33040

Telephone:

293-0004 (wk)

Member Captain Tommy Taylor

5501 College Road Key West, FL 33041

Telephone:

293-7325 (wk)

Member Guarionex DeCastro, M.D.

1434 Kennedy Drive, Suite 14A

Key West, FL 33040

Telephone:

294-5557 (wk)

Member Larry Meggs

1610 Josephine

Key West, FL 33040

Telephone:

296-5948 (hm)

Member Joan Higgs

22 Beechwood Drive

Key West, FL 33040

Telephone:

294-4966 (wk)

296-2292 (hm)

