2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007931

1. Entity Name

ST. FRANCIS COMMUNITY MENTAL HEALTH CENTER, L.L.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG -2 PM 1:25

Principal Place of Business	Mailing Address
214 S.E. 13TH STREET FT. LAUDERDALE FL 33316	214 S.E. 13TH STREET FT. LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1301 SO. ANDREWS		P.O. BOX 22905	
Suite, Apt. #, etc. SUITE 101		Suite, Apt. #, etc.	
City & State FORT LAUDERDALE FL		City & State FORT LAUDERDALE FL	
Zip 33316	Country USA	Zip 33335	Country USA

4. FEI Number — ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GREEN, ROGER B 214 S.E. 13TH STREET FT. LAUDERDALE FL 33316	Name JOHN N. GOUDIE Street Address (P.O. Box Number is Not Acceptable) 1301 SO. ANDREWS AVE SUITE 101 City FORT LAUDERDALE FL Zip Code 33316

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.

SIGNATURE [signature] 7/10/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50:00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAROLINA GOUDIE 1301 SO. ANDREWS AVE SUITE 101 FORT LAUDERDALE FL 33316	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500003351185--3 -08/09/00--01086--005 *****55.00 *****55.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHN N. GOUDIE 1301 SO ANDREWS AVE SUITE 101 FORT LAUDERDALE FL 33316	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (5/00)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] MGR MED 7/10/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #