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: FORTLAUDERDALE FL	City & State: FORTLAUDERDALE 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 SUITE101 City: FORTLAUDERDALE 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] DATE: 7/10/00
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

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	☐ Delete CAROLINA GOUDIE MGR 1301 SO. ANDREWS AVE SUITE 101 FORTLAUDERDALE FL33316	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 500003351185--3 -08/09/00--01086--005 *****55.00 *****55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete JOHN N. GOUDIE MGR 1301 SO ANDREWS AVE SUITE 101 FORTLAUDERDALE FL33316	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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] TYPE PRINTED 7/10/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #