## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

**DOCUMENT #** 

M09507

(8)

## FAMILY MENTAL HEALTH CENTER, INC.

.,		,, 110								
Principal Place	of Basiness	Mailing Address					# 1001 G1011 G1	in Min	MINITER PROPERTY	
1321 N.W. 1	IATH ST	1321 N.W. 14TH ST								
#402	14711 01.	#402	•							
MIAMI FL 3	3125	MIAMI FL 33125					r			
US		US				3. Date incorporated or Qualified 01/02/1985	3a. Date	of Last <b>)2/02/</b>		
2. Principal Pla	ce of Business	_ <b>2a.</b> Mai⊩ng Address				4. FEI Number			Applied For	
			H oto			59-2477066 Not Appli				_
22	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired				
City & State	ļ	City & State	Dity & State			Election Campaign Financing Trust Fund Contribution	AD100 Migh Do			
<b>23</b>   Ζρ	Country Zip Co			nto:		Added to Fees				4
24	25	Ζφ <b>29</b> ]	Ζιρ Cour <b>30</b>			8. This corporation has liability for intangible tax under s 199.			s 199.032,	
	9. Name and Address of Current R					10. Name and Address of New Re		igent		1
				81	Name					
LOURE	NCO, ANTONIO F.		ŀ	82	Street Add	dress (P.O. Box Number is Not Acceptable				4
	W 14 ST									
#402				83						
MIAMI I	FL 33125		ŀ	84	City			85	Zip Code	$\dashv$
-							FL			_
or registere	id agent, or both, in the State of Florida -	Such change was authori:	zed by the c	ve-r orpa	named corpo oration's bo	oration submits this statement for the purpard of directors. I hereby accept the appo	lose of chai intment as	nging its registeri	s registered office ed agent. I am	۱ ٔ
familiar with	i, and accept the obligations of, Section	607.0505, Florida Statute	\$.						-	
SIGNATURE	egradare. Type 1 or product pains of registered against and	te. Facul able (Ni	OTE Braining	A		red when reinstating)	DATE			
12.	OFFICERS AND D		13.	- Agest	s agracia (ago	ADDITIONS/CHANGES TO OFFIC		DIRECT	TORS IN 12	
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NAME			6 2 NA	MÉ					$\alpha$	-
STRUET ADDRESS			63 STREE		ADDRESS			9	#U)	

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed by car an attachment with an address.

SIGNATURE:

NTED NAME OF SIGNING OFFICER OR DIRECTOR

01-17-96 (305)545-6300

APPROVED AND

FILED

96 JAN 23 AM 8: 59

SECRETARY OF STATE TALLAHASSEE. FLORIDA

CR2E034 (12/95)