FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **M40370** **(2)**

1. Corporation Name

PSYCHIATRY & MEDICAL CENTER, INC.

Principal Place of Business	Mailing Address
6876 W FLAGLER STREET MIAMI FL 33144	6876 W FLAGLER STREET MIAMI FL 33144

3. Date Incorporated or Qualified: **10/17/1986**
3a. Date of Last Report: **08/17/1995**

2. Principal Place of Business (21): Suite, Apt. #, etc (22): City & State (23): Zip (24): Country (25):

2a. Mailing Address (26): Suite, Apt. #, etc (27): City & State (28): Zip (29): Country (30):

4. FEI Number: **59-2728335** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ALVAREZ, ANGELA
6876 W FLAGLER STREET
MIAMI FL 33144-9814

10. Name and Address of New Registered Agent

81 Name: Rothberg, Yvonne
82 Street Address (P.O. Box Number is Not Acceptable): 9632 NW 7 Circle, #17-23
83
84 City: Plantation FL 85 Zip Code: 33324

11. Pursuant to the provisions of Section 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: Yvonne Rothberg 5-1-96
Signature, typed or printed name of officer, board appointed trustee if applicable — (NOTE: New Registered Agent signature required before new filing) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ESTRADA, REGIS F.		1.2 NAME		
STREET ADDRESS	5050 N.W. 7TH ST. #101		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	2.1 TITLE	S/VP	☒ Change ☐ Addition
NAME	ROTHBERG, YVONNE		2.2 NAME	Rothberg, Yvonne	
STREET ADDRESS	5050 N.W. 7TH ST., #101		2.3 STREET ADDRESS	9632 NW 7 Circle #17-23	
CITY-ST-ZIP	MIAMI FL 33126		2.4 CITY-ST-ZIP	Plantation, FL 33324	
TITLE	VPD	☒ DELETE	3.1 TITLE	VP/S	☒ Change ☐ Addition
NAME	ALVAREZ, ANGELA P.		3.2 NAME	Rothberg, Yvonne	
STREET ADDRESS	9000 S.W. 92ND CT.		3.3 STREET ADDRESS	9632 NW 7 Circle #17-23	
CITY-ST-ZIP	MIAMI FL 33176		3.4 CITY-ST-ZIP	Plantation, FL 33324	
TITLE	TD	☒ DELETE	4.1 TITLE	T	☒ Change ☐ Addition
NAME	BILTRES, MIRIAM		4.2 NAME	Aaba, Irma	
STREET ADDRESS	2900 S.W. 104TH COURT		4.3 STREET ADDRESS	4392 SW 146 Ave	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	Miami, FL 33175	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, added or deleted.

SIGNATURE: [signature] P/S 05/01/96 (305) 261-7222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #