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May 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

~~6070 W. FLAGLER STREET~~
~~MIAMI FL 33144~~

Mailing Address

~~6070 W. FLAGLER STREET~~
~~MIAMI FL 33144~~

2. Principal Place of Business

21 3383 N.W. 7th St.

Suite, Apt. #, etc.

22 Suite 100

City & State

23 MIAMI - Florida

24 Zip 33125-4140

Country

25

2a. Mailing Address

26 5050 N.W. 7th St.

Suite, Apt. #, etc.

27 Apt. # 101

City & State

28 MIAMI - FLA.

Zip

29 33126-3419

Country

30

3. Date Incorporated or Qualified

10/17/1986

3a. Date of Last Report

08/05/1996

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

ROTHBERG, YVONNE
9632 NW 7TH CIRCLE #17-23
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME ESTRADA, REGIS F.
STREET ADDRESS 5050 N.W. 7TH ST. #101
CITY - ST - ZIP MIAMI FL

TITLE SVP ☐ DELETE
NAME ROTHBERG, YVONNE
STREET ADDRESS 9632 NW 7TH CIRCLE #17-23
CITY - ST - ZIP PLANTATION FL

TITLE VPS ☐ DELETE
NAME ROTHBERG, YVONNE
STREET ADDRESS 9632 NW 7TH CIRCLE #17-23
CITY - ST - ZIP PLANTATION FL

TITLE T ☐ DELETE
NAME AABA, IRMA
STREET ADDRESS 4392 SW 148TH AVE
CITY - ST - ZIP MIAMI FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Regis F. Estrada* (REGIS F. ESTRADA) 04/28/97 (305) 5416300/5671030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)