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FILED

Feb 03 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # **N06276** (2)

1. Corporation Name

**BAYVIEW FOUNDATION FOR MENTAL HEALTH, INC.**

Principal Place of Business

Mailing Address

**12550 BISCAYNE BLVD  
919  
NORTH MIAMI FL 33181  
US****12550 BISCAYNE BLVD  
919  
NORTH MIAMI FL 33181-2574  
US**3. Date Incorporated or Qualified  
**11/21/1984**3a. Date of Last Report  
**01/31/1996**

2. Principal Place of Business

2a. Mailing Address

**21**  
Suite, Apt. #, etc.**26**  
Suite, Apt. #, etc.**22**  
City & State**27**  
City & State**23**  
Zip

Country

**28**  
Zip

Country

**24****25****29****30**4. FEI Number  
**59-2499265**Applied For  
Not Applicable5. Certificate of Status Desired ☒**\$8.75** Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00** May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

## 9. Name and Address of Current Registered Agent

## 10. Name and Address of New Registered Agent

**WARD, ROBERT S.  
12550 BISCAYNE BLVD  
SUITE 919  
NORTH MIAMI FL 33181**

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 617.0502 and 617.1508, 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 617.0503, 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

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **FERNANDEZ, RICHARD M**  
STREET ADDRESS **11077 BISCAYNE BOULEVARD**  
CITY-ST-ZIP **MIAMI FL**1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE **VD** ☐ DELETE  
NAME **TAYLOR, LAVERNE**  
STREET ADDRESS **411 NE 108TH STREET**  
CITY-ST-ZIP **MIAMI FL**2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **VD**  
2.3 STREET ADDRESS **LAVERNE J. TAYLOR**  
2.4 CITY-ST-ZIP **411 N.E. 108 STREET**  
**MIAMI, FLORIDA 33161**TITLE **SD** ☐ DELETE  
NAME **THOMPSON, CHRISTINE**  
STREET ADDRESS **652 NW 47TH TERRACE**  
CITY-ST-ZIP **MIAMI FL**3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **SD**  
3.3 STREET ADDRESS **SUSAN W. GRAY**  
3.4 CITY-ST-ZIP **3857 N.E. 167 STREET**  
**NORTH MIAMI BEACH, FLORIDA 33160**TITLE **TD** ☐ DELETE  
NAME **HENDERSON, OWEN D III**  
STREET ADDRESS **47 NE 93RD ST**  
CITY-ST-ZIP **MIAMI SHORES FL**4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan W. Gray

1/22/97

(305) 894-4600

Date

Daytime Phone # 0033530

CR2E037 (9/96)