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Jan 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **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 US	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
25 Country		30 Country	
9. Name and Address of Current Registered Agent			
WARD, ROBERT S. 12550 BISCAYNE BLVD SUITE 919 NORTH MIAMI FL 33181			
10. Name and Address of New Registered Agent			
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City			
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					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	FERNANDEZ, RICHARD M				
STREET ADDRESS	11077 BISCAYNE BOULEVARD				
CITY-ST-ZIP	MIAMI FL				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	TAYLOR, LAVERNE				
STREET ADDRESS	411 NE 108TH STREET				
CITY-ST-ZIP	MIAMI FL				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	GRAY, SUSAN W.				
STREET ADDRESS	3857 NE 167 ST				
CITY-ST-ZIP	NMB FL				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	HENDERSON, OWEN D III				
STREET ADDRESS	47 NE 93RD ST				
CITY-ST-ZIP	MIAMI SHORES FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME	TAYLOR, LAVERNE				
2.3 STREET ADDRESS	411 NE 108th STREET				
2.4 CITY-ST-ZIP	MIAMI, FLORIDA				
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME	GRAY, SUSAN W.				
3.3 STREET ADDRESS	3857 NE 167 STREET				
3.4 CITY-ST-ZIP	N. MIAMI BEACH, FLORIDA				
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. 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 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 REQUIRED

1-9-98 (305) 635-7608

CR2E037 (10/97)