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Mar 02, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N06276

1. Corporation Name
BAYVIEW FOUNDATION FOR MENTAL HEALTH, INC.

Principal Place of Business 12550 BISCAYNE BLVD 919 NORTH MIAMI FL 33181 US	Mailing Address 12550 BISCAYNE BLVD 919 NORTH MIAMI FL 33181 US
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21 Principal Place of Business	2a Mailing Address	3. Date Incorporated or Qualified 11/21/1984
22 Suite, Apt. #, etc.	2b Suite, Apt. #, etc.	4. FEI Number 59-2499265
23 City & State	2c City & State	Applied For <input type="checkbox"/> Not Applicable
24 Zip	2d Zip	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
25 Country	2e Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 FL 85 Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, RICHARD M	1.2 NAME	
STREET ADDRESS	11077 BISCAYNE BOULEVARD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, LAVERNE	2.2 NAME	
STREET ADDRESS	411 NE 108TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, SUSAN W.	3.2 NAME	
STREET ADDRESS	3857 NE 167 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	NMB FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON, OWEN D III	4.2 NAME	
STREET ADDRESS	47 NE 93RD ST	4.3 STREET ADDRESS	12550 BISCAYNE BLVD 919
CITY-ST-ZIP	MIAMI SHORES FL	4.4 CITY-ST-ZIP	N MIAMI FL 33181
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Robert S. Ward
STREET ADDRESS		5.3 STREET ADDRESS	12550 Biscayne Blvd., Suite 919
CITY-ST-ZIP		5.4 CITY-ST-ZIP	North Miami, FL 33181
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Susan W. Gray 1/9/99 (305) 892-4646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)