

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N06276**

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2499265**

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	FERNANDEZ, RICHARD M	
STREET ADDRESS	11077 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL 33181	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FARRINGTON, JAMES	
STREET ADDRESS	12550 Biscayne Blvd # 919	
CITY-ST-ZIP	N.Miami FL 33181	

TITLE	TD	<input type="checkbox"/> Delete
NAME	HENDERSON, OWEN D III	
STREET ADDRESS	12550 BISCAYNE BLVD 919	
CITY-ST-ZIP	N MIAMI FL 33181	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	WARD, ROBERT S	
STREET ADDRESS	12550 BISCAYNE BLVD 919	
CITY-ST-ZIP	N MIAMI FL 33181	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	ST	<input type="checkbox"/> Delete
NAME	HERRERA, PROSRERO II	
STREET ADDRESS	1050 NE 93 STREET	
CITY-ST-ZIP	MIAMI SHORES FL 33138	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

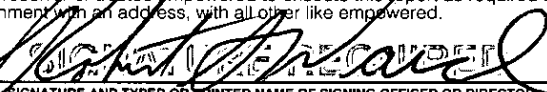
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)