### 2004 NOT-FOR-PROFIT CORPORATION

## FILED Jul 02, 2004 8:00 am Secretary of State

#### **ANNUAL REPORT**

**DOCUMENT # N06276** 07-02-2004 90001 007 \*\*\*\*70.00 BAYVIEW FOUNDATION FOR MENTAL HEALTH, INC. Principal Place of Business Mailing Address 12550 BISCAYNE BLVD 12550 BISCAYNE BLVD 919 NORTH MIAMI, FL 33181 NORTH MIAMIL FL 33181 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06302004 Cha-NP CR2E037 (10/03) Applied For City & State City & State 4. FFI Number 59-2499265 Not Applicable Zìo Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WARD, ROBERT S. Street Address (P.O. Box Number is Not Acceptable) 12550 BISCAYNE BLVD SUITE 919 NORTH MIAMI, FL 33181 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: (NDTE: Registered Agent signature required when reinstating) Signature, typed or printed reme of registered agent and title if applicable Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Due by September 8, 2004 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☑ Addition ☐ Detete a mt Change | TIM F FARRINGTON, JAMES NAME GUILLARD, RUDEAN 12550 BISCAYNE BLVD, 919 MAME 12550 BISCAYNE BLVD 919 STREET ADDRESS STREET ADDRESS N. MIAMI, FL 33181 CITY-ST-ZIP MIAMI, FL 33181 CITY-ST-ZIE ☐ Addition TITLE TMF ☐ Delete ☐ Channe HENDERSON, OWEN DIII KALE NAME STREET ADDRESS 12550 BISCAYNE BLVD 919 STREET ADDRESS CITY-ST-ZIP N MIAMI, FL 33181 CITY. ST. 782 D ☐ Change ☐ Addition TITLE ☐ Detete NTLE WARD, ROBERT S NAME NAME 12550 BISCAYNE BLVD 919 STREET ADDRESS STREET ADDRESS CITY-ST-7IP N MIAMI, FL 33181 CITY-ST-7IP Change ☐ Addition ST Delete TITLE TITLE HERRERA PROSRERO II HAME MANAGE STREET ADDRESS STREET ADDRESS 1050 NE 93 STREET CITY-ST-ZIP MIAMI SHORES, FL 33138 COTY - ST-702 KT Change ☐ Addition VΡ ☐ Delete TITLE TILE FERNANDEZ, RICHARD M NAME FERNANDEZ, RICHARD M MAKE 12550 BISĆAYNE BLVD, 919 STREET ADDRESS 12550 BISCAYNE BLVD. 919 STREET ADDRESS NORTH MIAMI, FL 33181 MIAMI, FL 33181 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ACCORESS CITY-ST-78P CITY-ST-7P 12. I hereby certify that the information supplied with this fitting 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 office impowered. SIGNATURE:

MATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

## NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Affachuert

DOCUMENT # N06276  1. Entity Name BAYVIEW FOUNDATION FOR MENTAL HEALTH, INC.							PAID APR 0 9 2004					
Principal Place of Business 12550 BISCAYNE BLVD 919 NORTH MIAMI, FL 33181 US		1255 919	Mailing Address 12550 BISCAYNE BLVD 919 NORTH MIAMI, FL 33181 US				CHECK # 17096 54059585					
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04092004 Chg-NP CR2E037 (10/03)					
City & State			City & State				4. FEI Number 59-24992	:65	· • • · · · · · · · · · · · · · · · · ·		plied For nt Applicable	
Zip	Country		Zip Co.		intry		5. Certificate of	Status Desired		\$8.75 Add Fee Require		
	6. Name and Address of Curr	ent Registere	ed Agent		Name		7. Name and Ac	idress of New R	legistered /	Agent		
WARD, ROBERT S. 12550 BISCAYNE BLVD					Street Address (P.O. Box Number is Not Acceptable)							
SUITE 919 NORTH MIAMI, FL 33181								-			············	
	, !				City				FL	Zip Cod	9	
	named entity submits this stateme ions of registered agent.	nt for the purp	ose of changing its r	egistere	ed office or	register	ed agent, or both,	in the State of Fig	orida. Iam i	familiar with,	and accept	
SIGNATURE												
	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Fir Trust Fund Contribution			0	\$5.00 May Be Added to Fees	■ デカンス (20 FERTER ) (20 PM	CONTRACTOR AND	c payable to timent of Si	10 Carrier 1982		
10.	OFFICERS AND	DIRECTORS	☐ Detele	11.			ADDITIONS/CHAN	GES TO OFFICE	RS AND DI			
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TITLE MAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							Change	∏ Addition	
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, write all other like empowered.												
SIGNAT	TURE: SIGNATURE AND TYPE	OR PRINTED HA	ME OF SIGNAMA OFFICER	OR DIREC	тоя	-		77/09 Date		SFJ.) Daylima Phone #	rc 00	

# HHachment 54059585 # NO6276 Bayoiew Foundation for Mental Health, Inc.

12550 Biscayne Boulevard • Suite 919 • North Miami, Florida 33181 • (305) 892-4600

June 21, 2004

Ms. Eula Peterson
Department of State
Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, FL 32301

RE:

Document #N06276, FEI Number 59-2499265 Bayview Foundation for Mental Health, Inc.

Dear Ms. Peterson:

We last week discovered that we have not yet received the Certificate of Status requested on our 2004 Not-For-Profit Corporation Annual Report, submitted to you in April 2004.

After speaking with your office, we have learned that you have no record of receipt of the report. Upon checking with our bank, we have also learned that our Check #17096 dated April 9, 2004, in the amount of \$70.00 (Filing Fee \$61.25, plus Certification of Status Fee \$8.75) has not cleared our account and is shown as outstanding in our records.

Although you did not think it necessary, as we are not-for-profit, we are enclosing copies of the original report and the check that was sent at that time. We are again submitting the report and a check in the amount of \$70.00 for the filing and certificate.

Thank you for your assistance in this matter.

Sincerely.

Orlando Colmenares for Bayview Foundation for Mental Health, Inc.

OC:pah

Affachment

54059585

FIRST UNION NATIONAL BANK OF FLORIDA.
ANAMI FLORIDA

17096



12550 BISCAYNE BLVD. SUITE 919 NORTH MIAMI, FLORIDA 33181 63-643/670

# NO6276

DATE 04/09/2004

SEVENTY AND 00 CENTS\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

DOLLARS

\*\*70-00\*\*\*

TO THE ORDER OF

DEPARTMENT OF STATE PO BOX 1500 TALLAHASSEE, FL 32302-1500 BAYVIEW CENTER FOR MENTAL HEALTH, INC.

NOT - NEGOTIABLE

AUTHORIZED SIGNATURE

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