


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90143 001 ***140.00

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
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DO NOT WRITE IN THIS SPACE

01292007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2499265	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE P	FARRINGTON, JAMES
NAME	12550 BISCAYNE BLVD 919
STREET ADDRESS	MIAMI, FL 33181
CITY-ST-ZIP	
TITLE VP	GORDON, SHELLEY
NAME	12550 BISCAYNE BLVD 919
STREET ADDRESS	N MIAMI, FL 33181
CITY-ST-ZIP	
TITLE D	WARD, ROBERT S
NAME	12550 BISCAYNE BLVD 919
STREET ADDRESS	N MIAMI, FL 33181
CITY-ST-ZIP	
TITLE ST	HERRERA, PROSRERO II
NAME	1050 NE 93 STREET
STREET ADDRESS	MIAMI SHORES, FL 33138
CITY-ST-ZIP	
TITLE D	OSSIP, BOBBI
NAME	12550 BISCAYNE BLVD. 919
STREET ADDRESS	MIAMI, FL 33181
CITY-ST-ZIP	
TITLE D	GUILLARD, RUDEAN
NAME	12550 BISCAYNE BLVD. 919
STREET ADDRESS	MIAMI, FL 33181
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 