

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06276

FILED  
Jan 05, 2009  
Secretary of State

Entity Name: BAYVIEW FOUNDATION FOR MENTAL HEALTH, INC.

**Current Principal Place of Business:**

111 NW 183RD. ST.  
SUITE 500  
MIAMI GARDENS, FL 33169 US

**New Principal Place of Business:**

**Current Mailing Address:**

111 NW 183RD. ST.  
SUITE 500  
MIAMI GARDENS, FL 33169 US

**New Mailing Address:**

FEI Number: 59-2499265

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SLEEPER, JAMES R  
111 NW 183RD STREET  
SUITE 500  
MIAMI GARDENS, FL 33169 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GORDON, SHELLEY  
Address: 660 CYPRESS CLUB WAY, UNIT C  
City-St-Zip: POMPANO BEACH, FL 33064

Title: VP ( ) Delete  
Name: SACKS, MARTHA  
Address: 1701 NE 127TH STREET  
City-St-Zip: NORTH MIAMI, FL 33181

Title: CEO ( ) Delete  
Name: SLEEPER, JAMES R  
Address: 111 NW 183 STREET, SUITE 500  
City-St-Zip: MIAMI GARDENS, FL 33169

Title: S ( ) Delete  
Name: OSSIP, BOBBI A  
Address: 925 - 89TH STREET  
City-St-Zip: SURFSIDE, FL 33154

Title: . ( ) Delete  
Name: ., .  
Address: .  
City-St-Zip: ., . .

Title: . ( ) Delete  
Name: ., .  
Address: .  
City-St-Zip: ., . .

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: M (X) Change ( ) Addition  
Name: HERRERA II, PROSPERO  
Address: 1050 NE 93RD STREET  
City-St-Zip: MIAMI SHORES, FL 33138

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES R SLEEPER

CEO

01/05/2009

Electronic Signature of Signing Officer or Director

Date