

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06276

FILED
Jan 07, 2010
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
Name: GORDON, SHELLEY
Address: 660 CYPRESS CLUB WAY, UNIT C
City-St-Zip: POMPANO BEACH, FL 33064

Title: VP
Name: REMON, JESUS
Address: 2785 CYPRUS ROAD
City-St-Zip: NORTH MIAMI, FL 33181

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

Title: S/T
Name: CUMMINGS, ERIK
Address: 5005 NW 173 DRIVE
City-St-Zip: NORTH MIAMI, FL 33055

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

Title: .
Name: .,
Address: .
City-St-Zip: ., .

I hereby 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 all other like empowered.

SIGNATURE: JAMES R. SLEEPER

CEO

01/07/2010

Electronic Signature of Signing Officer or Director

_____ Date