

N06276

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(Address)

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(City/State/Zip/Phone #)

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R-A. Chong
C.COULLIETTE

JUL 22 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Bayview Foundation for Mental Health, Inc.
Name of Corporation

DOCUMENT NUMBER: N06276

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Charles B. Huiss
Name of Contact Person

Bayview Foundation for Mental Health, Inc.
Firm/Company

700 SE 3rd Avenue, Ste 100
Address

Fort Lauderdale, FL 33316
City/State and Zip Code

chuess@bayviewcenter.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles B. Huiss at (954) 414-8720
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Bayview Center for Mental Health, Inc.
700 Southeast 3rd Avenue, Suite 100
Fort Lauderdale, Florida 33316
(954) 414-8700
(954) 467-9966

EXECUTIVE OFFICES
James R. Sleeper, MA, CAP
President and Chief Executive Officer
(954) 414-8718

OUTPATIENT SERVICES
111 N.W. 183rd Street, Fifth Floor
Miami Gardens, Florida 33169
(305) 892-4600
(305) 493-0813 Fax

CASE MANAGEMENT / CCST
(305) 892-4747

CROSSROADS Intensive Outpatient
Dual Diagnosis Services
(305) 892-4605

REACH AND MATT Outreach
(305) 892-4605

OUTPATIENT SERVICES:

Forensic CCST
Community Treatment
(954) 518-4080

BROWARD CASE MANAGEMENT
(954) 888-7977

BROWARD OUTPATIENT
(954) 888-7999

CRISIS STABILIZATION UNIT
Emergency Services
(305) 691-HELP (4357)

FACI Florida Assertive
Community Treatment
(786) 331-1011

FOCUS HOUSE
Psychosocial Clubhouse
(305) 895-4800

NEXT STEP Dual Diagnosis
Transitional Housing
(305) 895-2138

SUPPORTED HOUSING
Community Based Living
(305) 940-2238

RESIDENTIAL TREATMENT
AND REHABILITATION

ADFAC
(954) 961-5985

FASTRACK Forensic Diversion
(954) 518-4072

START Short Term Adult
(954) 966-4442

TRANSITIONS Transitional
(954) 966-4185



July 14, 2010

Florida Department of State
Division of Corporations
ATTN: Cheryl Couliette, Regulatory Specialist II
P.O. Box 6327
Tallahassee, FL 32314

RE: Bayview Center for Mental Health, Inc. – 747764
Letter Number: 010A00016244
Bayview Foundation for Mental Health, Inc. – N06276
Letter Number: 710Appp16247

Dear Ms. Couliette:

I am returning corrected copies of Statement of Change of Registered Office or Registered Agent or Both for Corporations forms for the above organizations, as requested in your July 2, 2010 letters.

Should you have questions or need additional information, I may be reached at (954)414-8705, or by e-mail at chuiss@bayviewcenter.com.

Sincerely,

Charles B. Huiss
Chief Administrative Officer

Encl

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on Accreditation of Healthcare Organizations



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 2, 2010

CHARLES B. HUISS
BAYVIEW FOUNDATION FOR MENTAL HEALTH, INC
700 SW 3RD AVE., STE 100
FT LAUDERDALE, FL 33316

SUBJECT: BAYVIEW FOUNDATION FOR MENTAL HEALTH, INC.
Ref. Number: N06276

We have received your document for BAYVIEW FOUNDATION FOR MENTAL HEALTH, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You must show a name and address in #6 if you are change the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 710A00016247

RECEIVED
2010 JUL 22
TALLAHASSEE, FL
SECRETARY OF STATE

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: BAYVIEW FOUNDATION FOR MENTAL HEALTH, INC.
2. The principal office address: 700 SE THIRD AVE, STE 100, FORT LAUDERDALE, FL 33316
3. The mailing address (if different): SAME AS ABOVE

4. Date of incorporation/qualification: NOV 21, 1984 Document number: N06276

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

JAMES R. SLEEPER, MA, CAP
700 SE THIRD AVENUE, STE 100
FORT LAUDERDALE, FL 33316

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

JAMES R. SLEEPER, MA, CAP
700 SE THIRD AVENUE, STE 100
P.O. Box NOT acceptable
FORT LAUDERDALE, FL 33316

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.



Signature of an officer or director

JAMES R. SLEEPER, CEO

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

JULY 19, 2010

Date

If signing on behalf of an entity:

JAMES R. SLEEPER, MA, CAP

Typed or Printed Name

* * * FILING FEE: \$35.00 * * *