

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06276

FILED
Apr 18, 2012
Secretary of State

Entity Name: BAYVIEW FOUNDATION FOR MENTAL HEALTH, INC.

Current Principal Place of Business:

700 SE THIRD AVE.
SUITE 100
FT. LAUDERDALE, FL 33316 US

New Principal Place of Business:

Current Mailing Address:

700 SE THIRD AVE.
SUITE 100
FT. LAUDERDALE, FL 33316 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., MA, CAP
700 SE THIRD AVE.
SUITE 100
FT. LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

SLATON, MARISOL U
700 SE THIRD AVE.
SUITE 100
FT. LAUDERDALE, FL 33316 US

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: MARISOL U. SLATON

04/18/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CHR
Name: BOYD, MATTHEW
Address: 700 SE THIRD AVENUE, SUITE 100
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: MEMB
Name: POWELL, NORMAN C
Address: 700 SE THIRD AVE, SUITE 100
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: CEO
Name: SLATON, MARISOL U
Address: 700 SE THIRD AVE, SUITE 100
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: MEMB
Name: WAGIE, WAYNE
Address: 700 SE THIRD AVE, SUITE 100
City-St-Zip: FORT LAUDERDALE, FL 33316

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: MARISOL U SLATON

CEO

04/18/2012

Electronic Signature of Signing Officer or Director

Date