

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90422 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2499265**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **FARRINGTON, JAMES**
STREET ADDRESS **12550 BISCAYNE BLVD 919**
CITY-ST-ZIP **MIAMI FL 33181**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **HENDERSON, OWEN D III**
STREET ADDRESS **12550 BISCAYNE BLVD 919**
CITY-ST-ZIP **N MIAMI FL 33181**

TITLE **P** ☒ Change ☐ Addition
NAME **HENDERSON, OWEN D. III**
STREET ADDRESS **12550 BISCAYNE BLVD 919**
CITY-ST-ZIP **N.MIAMI FL 33181**

TITLE **D** ☐ Delete
NAME **WARD, ROBERT S**
STREET ADDRESS **12550 BISCAYNE BLVD 919**
CITY-ST-ZIP **N MIAMI FL 33181**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **HERRERA, PROSRERO II**
STREET ADDRESS **1050 NE 93 STREET**
CITY-ST-ZIP **MIAMI SHORES FL 33138**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition
NAME **RICHARD M. FERNANDEZ**
STREET ADDRESS **12550 BISCAYNE BLVD 919**
CITY-ST-ZIP **N.MIAMI FL 33181**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Robert S. Ward
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/03

305 892-4600

CR2E037 (10/02)