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Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #

1. Corporation Name

N46476
Miami Dade Community Mental Health Center Inc.

Principal Place of Business

Mailing Address

11880 Bird Road
Suite # 101
Miami, FL 33175

Same

3. Date Incorporated or Qualified

12/16/91

4. FEI Number

59-3100307

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Relayo O. Rubido
7815 Coral Way, Suite # 107
Miami, FL 33155

81 Name

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

11880 Bird Road

83 Suite # 101

84 City

Miami

FL

85 Zip Code

33175

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DCEO**
STREET ADDRESS **Rubido, Pelayo O.**
CITY-ST-ZIP **7815 Coral Way, Suite # 107**
Miami, FL 33155

TITLE ☐ DELETE
NAME **DS**
STREET ADDRESS **Vazquez, Carmen**
CITY-ST-ZIP **7815 Coral Way, Suite # 107**
Miami, FL 33155

TITLE ☐ DELETE
NAME **DT**
STREET ADDRESS **Vazquez, Reyselda**
CITY-ST-ZIP **7815 Coral Way, Suite # 107**
Miami, FL 33155

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **11880 Bird Road, Suite # 101**
1.4 CITY-ST-ZIP **Miami, FL 33175**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **11880 Bird Road, Suite # 101**
2.4 CITY-ST-ZIP **Miami, FL 33175**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **11880 Bird Road, Suite # 101**
3.4 CITY-ST-ZIP **Miami, FL 33175**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/98

(305) 228-1118

CR2E037 (10/97)