

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N95000003949 (3)

1. Corporation Name

LAS BRISAS COMMUNITY MENTAL HEALTH CENTER, INC.



Principal Place of Business

Mailing Address

11645 S.W. 90TH TERRACE
 MIAMI FL 33176

11645 S.W. 90TH TERRACE
 MIAMI FL 33176

3. Date Incorporated or Qualified

08/17/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 9965-7 S.W. 142 AVE.

26 9965-7 S.W. 142 AVE.

FEL Number

65 70602052

Applied For
 Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

MIAMI, FLORIDA

28 City & State

MIAMI, FLORIDA.

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

25 Country

33186

U.S.A.

29 Zip

33186

30 Country

U.S.A.

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COBEN, ELEANOR
 11645 S.W. 90TH TERRACE
 MIAMI FL 33176

81 Name

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

83

84 City

FL 85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	COHEN, ELEANOR	
STREET ADDRESS	11645 S.W. 90TH TERRACE	
CITY - ST - ZIP	MIAMI FL 33176	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COHEN, SCOTT	
STREET ADDRESS	11645 S.W. 90TH TERRACE	
CITY - ST - ZIP	MIAMI FL 33176	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HURST, SALLIE	
STREET ADDRESS	11645 S.W. 90TH TERRACE	
CITY - ST - ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Eleanor Coben
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17/16/96 ✓ 305-386-3200
 Date Daytime Phone #

CF2E037 (3/96)