

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 27 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000003949 (3)**  
1. Corporation Name  
**LAS BRISAS COMMUNITY MENTAL HEALTH CENTER, INC.**



Principal Place of Business <b>9965-7 SW 142 AVENUE MIAMI FL 33186 US</b>	Mailing Address <b>9965-7 SW 142 AVENUE MIAMI FL 33186-6844 US</b>
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3. Date Incorporated or Qualified <b>08/17/1995</b>	3a. Date of Last Report <b>07/22/1996</b>
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip Country
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4. FEI Number <b>65-0602052</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**COBEN, ELEANOR  
11645 S.W. 90TH TERRACE  
MIAMI FL 33176**

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COHEN, ELEANOR</b>	1.2 NAME	
STREET ADDRESS	<b>11645 S.W. 90TH TERRACE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33176</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COHEN, SCOTT</b>	2.2 NAME	
STREET ADDRESS	<b>11645 S.W. 90TH TERRACE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33176</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HURST, SALLIE</b>	3.2 NAME	
STREET ADDRESS	<b>11645 S.W. 90TH TERRACE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33176</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *Eleanor Cohen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: *3/24/97* Daytime Phone #: *305-386-3200*  
0027956

CR2E037 (9/96)