

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **N95000005070 (6)**

1. Corporation Name

SUNSHINE COMMUNITY MENTAL HEALTH CENTER, INC.

Principal Place of Business

**12000 N. BAYSHORE DRIVE
SUITE 108
NORTH MIAMI FL 33181**

Mailing Address

**12000 N. BAYSHORE DRIVE
SUITE 108
NORTH MIAMI FL 33181**

3. Date Incorporated or Qualified
10/24/1995

3a. Date of Last Report

2. Principal Place of Business

21 4850 N. State Rd 7

2a. Mailing Address

26 106 NE 125 ST

4. FEI Number

105-0616850

Applied For

Not Applicable

Suite, Apt. #, etc.

22 G BLDG, Suite m

Suite, Apt. #, etc.

27 #409

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

City & State

23 LAUDERDALE LAKES FL

City & State

28 N Miami FL

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

Zip

24

Country

25 USA

Zip

29 33161

Country

30 USA

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

81 Name **DAWN STEINBERG**

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

1065 NE 125 ST, SUITE 102

83

84 City **N Miami**

FL

85 Zip Code **33161**

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

Dawn Steinberg

DAWN STEINBERG

4/29/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **WHITAKER, KENNETH W K.M.**
STREET ADDRESS **12000 N. BAYSHORE DRIVE, #108**
CITY - ST - ZIP **NORTH MIAMI FL 33181**

TITLE **D** ☐ DELETE
NAME **LOGAN, WILLIE F**
STREET ADDRESS **18870 N.W. 53RD PLACE**
CITY - ST - ZIP **MIAMI FL 33055**

TITLE **D** ☒ DELETE
NAME **O'NEILL, PATRICK H REV., DR**
STREET ADDRESS **8901 DICKENS**
CITY - ST - ZIP **SURFSIDE FL 33154**

TITLE **D** ☐ DELETE
NAME **CUNDY, THOMAS**
STREET ADDRESS **6695 ROXBURY LANE, LA GORCE ISLAND**
CITY - ST - ZIP **MIAMI BEACH FL 33141**

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
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

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 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: **x Dawn Steinberg** **DAWN STEINBERG** **x 4/29/96** **(305) 891-0050**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)