SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9700005689 (1)

FILED Jul 16 1998 8:00am Secretary of State

Zip Country Zip Country 8. This corporation owes or has paid the current year Intengible	FAMILY MENTAL HEALTHCARE CENTER INC.							
MAMI FL 30014 MAMI FL 30014 Applied For Applied Fo	Principal Place of Business			Malling Address				
2. Photopic Place of Business 21 S 23 S . W. 8 S 7 RECT 26 S 33 1 S . W. 8 S 7 RECT 36. Conflicate of Status Dealed 27 Set Required 29 Set Req	***						10/08/1997	
Sulfix April 14 feb. 15 man 15			•				4. FEI Number Applied For Not Applicable	
Sulfa, Apl. F., etc. Sulfa, Apl. F., etc. Sulfa, Apl. F., etc. Policy Polic			O.8 STREET		5.00.8	STREE		
City & State 37	Sulte, Apt.	#, etc.						
22							Trust Fund Contribution Added to Fees	
22 3 3 1 3 4 25 U.S.A 28 3 3 3 3 4 30 U.S.A Personal Property Tax due June 30. Was No S.A. Name and Address of Current Registered Agent				L *			7. Is this nonprofit corporation a homeowners association? Yes No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name 12. Short Address (P.O. Box Number is Not Acceptable) 13. 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 effice or registered early of the purpose of changing its registered effice or registered early of the purpose of changing its registered effice or registered early of the purpose of changing its registered effice or registered early of the purpose of changing its registered effice or registered early in the purpose of changing its registered early in the purpose of changing its registered early in the early secopit the appointment as registered early in the early secopit the ear	_ ^ ~	134			. / -		· · · · · · · · · · · · · · · · · · ·	
SANTAMARIA, JOHN F 8501 N.W. 178ND STREET MIAMI FL 33014 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. Floride Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am falliar with, and except the obligations of, section 617,0503, Floride Statutes. 86 City FL 85 Zip Code 11. Pursuant to the provisions of sections 617,0502 and 617,1508. Floride Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am falliar with, and except the obligations of, section 617,0503, Floride Statutes. 86 City FL 85 Zip Code 11. Pursuant to the provisions of sections 617,0502 and 617,1508. Floride Statutes. 87 City City City City City City City City		9. Name	and Address of Current				10. Name and Address of New Registered Agent	
8501 N.W. 172ND STREET MIAMI FL 33014 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 repistered spent, 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, and after a spent and a spent, and a spent and a s	81 Name							
BSOI N.W. 172ND STREET MIAMI FL 33014 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of sections 617.0502 and 617.1508. Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or replatered spent, 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, and a first milliant with, not accept the obligations of, esciolar 817.0503, Floridal Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE DELETE 1.1 TITLE DELETE 1.1 TITLE DELETE 1.1 TITLE DELETE 2.1 TITLE DELETE 2.1 TITLE DELETE 2.1 TITLE DELETE 2.1 TITLE DELETE 2.2 TITLE DELETE 2.3 TITLE DELETE 3.3 TITLE 3.3 TITLE 3.3 TITLE 3.4 CITYST-2P Change Addition Addition Addition Addition Addition Addition AME 3.5 STREET ADDRESS 4.4 CITYST-2P DELETE 4.1 TITLE DELETE 3.5 TITLE DELETE 3.5 TITLE ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition Addition Addition Addition Addition Addition AME 3.5 STREET ADDRESS 4.4 CITYST-2P DELETE 5.1 TITLE DELETE 3.5 TITLE ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition Addition Addition Addition Addition Addition AME 3.5 STREET ADDRESS 4.4 CITYST-2P Change Addition Addition Addition ADDITIONSICHANGES ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONSICHANGES TO OFFICERS AN	SANTAMARIA. JOHN F					82 Street Add	dress (P.O. Box Number is Not Acceptable)	
## City FL 85 Zip Code 11. Pursuant to the provisions of sections 817.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of charging its registered office or replated opent, 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, Floridas Statutes. SIGNATURE							,	
11. Pursuant to the provisions of sections 617,0502 and 617,1508, Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or repistered agent, or the fitter 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 eccept the obligations of, section 617,0503, Floridae Statutes. SIGNATURE Biguillane, typed or protect name of 'registered agent and tils if applicable. (NOTE Registered Agent signature registered. Addition Interest and Interest and Interest Agents Agent Age	MIAM! FL :	33014				83		
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 private name of registered agent age						84 City	85 Zip Code	
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		ertify that the	information supplied with ti	his filing does not qualif			ection 119.07(3Vi). Florida Statutes, I further certify that the information	

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.