


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999			FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N98000005735 1. Corporation Name TWENTY-FIRST CENTURY MENTAL HEALTH FOUNDATION OF BROWARD COUNTY, INC.			
Principal Place of Business 121 S. State Road 7 Plantation, FL 33324		Mailing Address 121 S. State Road 7 Plantation, FL 33324	

FILED
99 JUL 16 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/6/98	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 52-2124820	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		

9. Name and Address of Current Registered Agent V.J. Landriscina 121 S. State Road 7 Plantation, FL 33324				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

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 <input type="checkbox"/> DELETE				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME V.J. Landriscina				1.2 NAME			
STREET ADDRESS 121 S. State Road 7				1.3 STREET ADDRESS 800002946648--1			
CITY-ST-ZIP Plantation, FL 33324				1.4 CITY-ST-ZIP -07/30/99--01118--012			
TITLE <input type="checkbox"/> DELETE				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME Jan Douglas Atlas				2.2 NAME			
STREET ADDRESS 200 E. Las Olas Blvd., Ste 1900				2.3 STREET ADDRESS			
CITY-ST-ZIP Ft. Lauderdale, FL 33301				2.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME Murali Shanker				3.2 NAME			
STREET ADDRESS 121 S. State Road 7				3.3 STREET ADDRESS			
CITY-ST-ZIP Plantation, FL 33324				3.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME Ben Dispenziere				4.2 NAME			
STREET ADDRESS 100 NW 82 Ave., Ste. 302				4.3 STREET ADDRESS			
CITY-ST-ZIP Plantation, FL 33324				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 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, by an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jan Douglas Atlas, Director

7/14/99

(954) 763-1200

Daytime Phone #

CR2E037 (11/98)

SP