

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90220 021 \*\*\*\*61.25

DOCUMENT # N99000001603

Entity Name

HEALTH MIAMI BEHAVIORAL HEALTHCARE CENTER, INC.

Principal Place of Business

Mailing Address

8 STREET STE 404  
FL 3313075 SW 8 STREET STE 404  
MIAMI FL 33130-3023

Principal Place of Business

540 NW 7 ST.

3. Mailing Address

5040 NW 7 ST.

Suite, Apt. #, etc.

#700

Suite, Apt. #, etc.

#700

City &amp; State

FIA.

City &amp; State

Miami, FIA.

Zip

33126

Country

USA

Zip

33126

Country

USA

4. FEI Number

65-0680155

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

ZABAleta, YAMIRA

75 SW 8 STREET STE 404  
FL 33130

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/12/00

DATE

FILE NOW:  
FEE IS \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<input type="checkbox"/> Delete D ZABALETA, YAMIRA 75 SW 8 STREET STE 404 MIAMI FL 33130		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP 15864 SW 25 LN. Miami, FIA. 33123	
<input type="checkbox"/> Delete D ADAN, FEDERICO 710 LAKEVIEW DR MIAMI BEACH FL 33140		<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete D DEMOND, LISA 2450 FRANKLIN ST HOLLYWOOD FL 33024		<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete D DEMOND, LISA 2450 FRANKLIN ST HOLLYWOOD FL 33024		<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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<input type="checkbox"/> Delete D DEMOND, LISA 2450 FRANKLIN ST HOLLYWOOD FL 33024		<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-02-00

Date

305-447-1360

Daytime Phone #

CR2E037 (9/99)