

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001603

FILED
Feb 09, 2005
Secretary of State

Entity Name: GREATER MIAMI BEHAVIORAL HEALTHCARE CENTER, INC.

Current Principal Place of Business:

7000 NW 52 STREET
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

7000 NW 52 STREET
MIAMI, FL 33166

New Mailing Address:

FEI Number: 65-0680155

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUTLER, HARVIE N
4521 N.W. 7TH STREET
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

BUTLER, HARVIE N
2405 RIVERLANE TERRACE
FT. LAUDERDALE, FL 33312 US

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: HARVIE N BUTLER

02/09/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DCEO () Delete
Name: BUTLER, HARVIE N
Address: 4521 N.W. 7TH STREET
City-St-Zip: PLANTATION, FL 33317

Title: D () Delete
Name: BUTLER, DEAN A
Address: 4521 N.W. 7TH STREET
City-St-Zip: PLANTATION, FL 33317

Title: D () Delete
Name: MORA, IRINA
Address: 14325 S.W. 155 COURT
City-St-Zip: MIAMI, FL 33196

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCEO (X) Change () Addition
Name: BUTLER, HARVIE N
Address: 2405 RIVERLANE TERRACE
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARVIE N BUTLER

DCEO

02/09/2005

Electronic Signature of Signing Officer or Director

Date