FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000042430 (7)**

1. Corporation Name

MIAMI PSYCHOGERIATRIC INSTITUTE, INC.

Principal Place of Business	Mailing Address
~~12000 PONCE DE LEON BLVD.~~ ~~CORAL GABLES FL 33134~~	~~12000 PONCE DE LEON BLVD.~~ ~~CORAL GABLES FL 33134~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/10/1993		3a. Date of Last Report: 05/01/1994	
2. Principal Place of Business 21 600 W. 20th St.	2a. Mailing Address 26 600 W. 20th St.	4. FEI Number: 65-0414220	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc 27	5. Certificate of Status Desired ☑	$8.75 Additional Fee Required
City & State 23 Hialeah	City & State 28 Hialeah, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 33010 — County 25 DADE	Zip 29 33010 — County 30 DADE	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

BRACERAS, WILFRED
1645 S.W. 86TH AVE.
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name: BRACERAS, WILFRED
82 Street Address (P.O. Box Number is Not Acceptable): 600 W. 20th St.
83
84 City: Hialeah — FL — 85 Zip Code: 33010

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: X [signature] — 04/1/95
(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	PD	11 TITLE	D/P/S/T ☒ Change ☐ Addition
NAME	BRACERAS, WILFRED	12 NAME	BRACERAS, WILFRED
STREET ADDRESS	1645 S.W. 86TH AVE.	13 STREET ADDRESS	600 W. 20th St.
CITY ST ZIP	MIAMI FL 33155	14 CITY ST ZIP	Hialeah, FL 33010
TITLE	~~VD~~	21 TITLE	☐ Change ☐ Addition
NAME	~~BEL, BEATRIZ M~~	22 NAME	
STREET ADDRESS	~~2221 COUNTY CLUB PRADO~~	23 STREET ADDRESS	
CITY ST ZIP	~~CORAL GABLES FL 33134~~	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X [signature] — 04/1/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0427000 FP