

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000077063

1. Entity Name

MENTAL HEALTH MANAGEMENT SERVICES, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90130 032 ***158.75

Principal Place of Business

TWO DATRAN CENTER - SUITE 1901
9130 S. DADELAND BLVD.
MIAMI FL 33156

Mailing Address

TWO DATRAN CENTER - SUITE 1901
9130 S. DADELAND BLVD.
MIAMI FL 33156-7818

605269



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7685 SW 104th St. Ste. 100
Suite, Apt. #, etc.

3. Mailing Address

7685 SW 104th St.
Suite, Apt. #, etc.
Ste. 100

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0526929

Applied For

Not Applicable

Zip

33156

Country

Miami-Dade

Zip

33156

Country

Miami-Dade

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

FRESHMAN, JERALD
9130 S. DADELAND BLVD.
1701
MIAMI FL 33156

Name

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

City

FL

Zip Code

8. 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)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
CIMINERO, ANTHONY R
STREET ADDRESS 9130 S. DADELAND BLVD., SUITE 1901
CITY-ST-ZIP MIAMI FL 33156

TITLE ☒ Change ☐ Addition
NAME D
CIMINERO, ANTHONY
STREET ADDRESS 7685 S.W. 104th ST.
CITY-ST-ZIP MIAMI, FL 33156

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/2000 305-666-8000

CR2E034 (9/99)