FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000040248 (3)**

1. Corporation Name

LIGNUM MENTAL HEALTH MANAGEMENT CORP.

Principal Place of Business	Mailing Address
~~707 N.W. 57TH AVENUE~~ ~~MIAMI FL 33126~~	~~707 N.W. 57TH AVENUE~~ ~~MIAMI FL 33126~~

3. Date Incorporated or Qualified: **05/22/1995**

3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1150 N.W. 72nd AVE	26 P.O. Box 59[illegible]
Suite, Apt. #, etc. 22 450	Suite, Apt. #, etc. 27
City & State 23 MIAMI FL	City & State 28 MIAMI FL
Zip 24 33126	Country 25
Zip 29 33152	Country 30

4. FEI Number: 65-0585681 — ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

REDONDO, JOSE P PH.D.
707 N.W. 57TH AVENUE
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name: REDONDO JOSE P. PH.D.

82 Street Address (P.O. Box Number is Not Acceptable): 1150 N.W. 72nd AVE

83: SUITE 450

84 City: MIAMI **FL** 85 Zip Code: 33126

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 [illegible] DATE: 1-29-96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRESIDENT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JOSE P. REDONDO PH.D.		1.2 NAME		
STREET ADDRESS	1150 NW 72nd AVE # 450		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33126		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), 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 added on an attached sheet with an address.

SIGNATURE: JOSE P. REDONDO, PH.D. 1-29-96 (305) 591-1919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone