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FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT



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

1997

DOCUMENT # P95000040248 (3)

Corporation Name
LIGNUM MENTAL HEALTH MANAGEMENT CORP.



Principal Place of Business
1150 NW 72nd AVE
SUITE 450
MIAMI FL 33126

Mailing Address
P.O. Box 521742
MIAMI FL 33152-1742

3. Date incorporated or Qualified: 05/22/1995
3a. Date of Last Report
4. FBI Number: 65-05856 P1
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

21. Principal Place of Business
1150 N.W. 72nd AVE

2a. Mailing Address
P.O. Box 521742

22. Suite, Apt. #, etc.
450

27. Suite, Apt. #, etc.

23. City & State
MIAMI FL

28. City & State
MIAMI FL

24. Zip
33126

25. Country
USA

29. Zip
33152-1742

30. Country
USA

9. Name and Address of Current Registered Agent
REDONDO, JOSE P PH.D.
707 N.W. 67TH AVENUE
MIAMI FL 33128

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 officer 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: *Jose P. Redondo, PH.D.* JOSE P. REDONDO PH.D. 4-28-97
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when re-registering. DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	JOSE P. REDONDO PH.D.	
STREET ADDRESS	1150 NW 72 nd AVE #450	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '97

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	500002189315
6.4 CITY-ST-ZIP	-05/23/97--01009--019 ***165.00

4-28-97

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)(d), 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 my address.

SIGNATURE: JOSE P. REDONDO PH.D. *Jose P. Redondo, PH.D.* 4-28-97 (305) 591-1919