FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT**

CORPORATION ANNUAL REPORT



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

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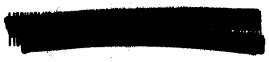
Corporation Name

DOCUMENT #

LIGNUM MENTAL HEALTH MANAGEMENT CORP.

Mailina Address

May 13 1997 8:00am Secretary of State



Princinal Place C	of Business	MAR	IIII ADORESS	_	٠		ŀ			•		
1150 N	W 73 nd AVE		P.O. Box	5217	42	?						
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HIAMI FL 33126					55100			Date incorporated or Qual 05/22/1995	fled .	Se. Oste	of Last FV	eport
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2. Principal Plac	v-W 72 AVE	_	Mailing Address	-11	72/	10	"	65-05856 F	,		-	
1 1150 4		26	P.O. Box	24//	7	<u> </u>	-	60-031001		حجب محجب		Not Applicable
Suite, Apt. #.		27	Suite, Apt. #, etc.				5	i. Certificate of Status Desire	xd			Additional Required
City & State	y 4		City & State		_	, .	6	. Election Campaign Financ	ing		-00.0	O Way to be
23 MINH	FL FL	28	MIANI		<u> </u>	<u> </u>		Trust Fund Contribution				d to Fees
Zip 24 33/2(Country 25 USA	29	Zip <i>33152-174</i> 2	Coun 30		154			Y Yee	☐ No		199.032,
	9. Name and Address of Curren	t Regist	ered Agent				10	0. Name and Address of I	low F	beretalge.	Apent	
					61	Name 1	12 c- A	ONOI JOSE	P.	0,	1. D.	
REDON	IDO, JOSE P PH.D.			.	-	•	, ,	P.O. Box Number is Not Ac				
	W. 57TH AVENUE			l '	*			NW. 93th A	VE	~~ /		
	FL 33128			h	83				· · · · · · · · ·			
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dd Diminant to	the province of Sections 807 050	and 607	1500 Elodos Chat.do	a the abov		anad anno	محادون	automite this statement for	hi ri			
or registere	o the provisions of Sections 607.0502 ed agent, or both, in the State of Flori h, and accept the poligations of, Sect	da. Such	change was authorize	d by the o	Orpo	oration's bo	pard of	directors. I hereby accept the	NO BIOL	CITIVITIENT 44	registers	d agent. I am
familiar with	h, and accept the obligations of, Sect	en 6074	505, Fjerida Statutes.	, ,		· ·		•••		/	-	
SIGNATURE _	1 (should,	<u>~/</u>				ZEDONA			7	-2157	/	<u></u>
	Signature, spolit or provide name of registered agent				Agent	algnature requi	ared wher	ADDITIONS/CHANGES T		UNIE		OES N 12
12.	OFFICERS AN	D DIREC		13,	:	· ·		ADDITIONS/CHANGES 1	O OF		Change	
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NAME	JOSE P. REDONAL			12 NA	ME							
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CITY - ST - ZIP						ST-ZIP		***165.00		**************************************	4 - 11 2 - 14 - 1	-
i do hereb	ov certify that the information supplied	with this	filing is unfuntarly fun	richari and	do	ee not oxualid	inu tar t	ine exemption stated in Rec	ion 1	19.07/3YK). I	TOTICA ST	Boutes, i fluther

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.

Redusto, InD SIGNATURE: JOSE P. REDONOR PHO.