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

FILED
Jun 04, 1996 08:00 AM
Secretary of State

DOCUMENT # **P95000048872 (2)**

1. Corporation Name

MED-PSYCH HEALTH CENTERS, INC.

Principal Place of Business	Mailing Address
6356 MANOR LANE SUITE 102B SOUTH MIAMI FL 33143	6356 MANOR LANE SUITE 102B SOUTH MIAMI FL 33143

2. Principal Place of Business
21 1150 E. Hallandale Beach Boulevard
22 Suite, Apt. #, etc: Suite C
23 City & State: Hallandale, Florida
24 Zip: 33009
25 Country: USA

2a. Mailing Address
26 Same
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

3. Date Incorporated or Qualified: 06/22/1995
3a. Date of Last Report:
4. FEI Number: 65-0596322 ☐ 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

PEREZ, MARIAN G
6356 MANOR LANE
SUITE 102
SOUTH MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name: RAUL J. SANCHEZ DE VARONA
82 Street Address (P.O. Box Number is Not Acceptable): 1333 SOUTH MIAMI AVE # 100
83
84 City: MIAMI, FL. FL 85 Zip Code: 33130

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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 s. 607.0505, Florida Statutes.

SIGNATURE: [signature] MAY 29, 1996
(Signature, typed or printed name of registered agent and title if applicable) (Florida Registered Agent Signature required when reinstating) Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Armando A. Corpas		1.2 NAME	
STREET ADDRESS	1150 E. Hallandale Beach Boulevard		1.3 STREET ADDRESS	
CITY-ST-ZIP	Hallandale, FL 33009		1.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	RAUL J. SANCHEZ DE VARONA		2.2 NAME	
STREET ADDRESS	1333 SO. MIAMI AVE. SUITE 100		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33130		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)(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: [signature] 5/24/96 (954) 458-7808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number