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Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **P95000048872 (2)**

1. Corporation Name
MED-PSYCH HEALTH CENTERS, INC.

Principal Place of Business
1150 E. HALLANDALE BEACH BLVD.
SUITE C
HALLANDALE FL 33009
US

Mailing Address
1150 E. HALLANDALE BEACH BLVD.
SUITE C
HALLANDALE FL 33009
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 4649 Ponce de Leon blvd
Suite, Apt. #, etc
22 Suite 400
City & State
23 Coral Gables,Florida
Zip / Country
24 33146 / 25 USA

2a. Mailing Address
26 4649 Ponce deLeon Blvd
Suite, Apt. #, etc.
27 Suite 400
City & State
28 Coral Gables, Florida
Zip / Country
29 33146 / 30 USA

3. Date Incorporated or Qualified
06/22/1995

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
RAUL J. SANCHEZ DE VARONA
1333 S. MIAMI AVENUE
SUITE 100
MIAMI FL 33130

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)
4649 Ponce de Leon Blvd.
83 Suite 400
84 City
Coral Gables, Florida
FL
85 Zip Code
33146

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☐ DELETE	11 TITLE	S	☒ Change ☐ Addition
NAME	RAUL J. SANCHEZ DE VARONA		12 NAME	Raul J.Sanchez de Varona	
STREET ADDRESS	1333 S MIAMI AVENUE, SUITE 100		13 STREET ADDRESS	4649 Ponce de Leon Blvd.	
CITY-ST-ZIP	MIAMI FL		14 CITY-ST-ZIP	Suite 400Coral Gables Florida 33146	
TITLE	DPS	☒ DELETE	21 TITLE	P	☐ Change ☒ Addition
NAME	CORPAS, ARMANDO A		22 NAME	MARYANN BARNETT	
STREET ADDRESS	1150 E HALLANDALE BCH BLVD #C		23 STREET ADDRESS	100 De Bartolo Place, Ste 100	
CITY-ST-ZIP	HALLANDALE F		24 CITY-ST-ZIP	Boardman,Ohio 44556	
TITLE		☐ DELETE	31 TITLE	VP	☐ Change ☒ Addition
NAME			32 NAME	Macejko,Trish	
STREET ADDRESS			33 STREET ADDRESS	100 De Bartolo Place,Ste 100	
CITY-ST-ZIP			34 CITY-ST-ZIP	Boardman,Ohio 44556	
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (10/97)

14. 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 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.

_____ 7/20/98