

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 JUL 27 PM 3:18

DOCUMENT # P95000048872

1. Corporation Name

MED-PSYCH HEALTH CENTERS, INC.

Principal Place of Business

Mailing Address

1150 EAST HALLANDALE BEACH BLVD.
SUITE C
HALLANDALE, FL 33009

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
November 1994

2. Principal Place of Business

2a. Mailing Address

21 1150 E. Hallandale Beach Blvd.

4. FEI Number

Applied For

65-0596322

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite C

27 City & State

23 Hallandale, FL

Zip

Country

24 33009

25 USA

Zip

Country

29

30

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 the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAUL J. SANCHEZ DE VARONA, PA
4649 PONCE DE LEON BLVD.
SUITE 400
CORAL GABLES, FL 33146

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME President

12 NAME

MARYANN BARNETT

13 STREET ADDRESS

100 DeBartolo Place #115

14 CITY-ST-ZIP

Boardman, OH 44512 ☐ DELETE

21 TITLE

NAME

22 NAME

STREET ADDRESS

23 STREET ADDRESS

CITY-ST-ZIP

24 CITY-ST-ZIP

TITLE ☐ DELETE

31 TITLE

NAME Secretary/Treasurer

32 NAME

PATRICIALMACEJKO

33 STREET ADDRESS

100 DeBartolo Place #115

34 CITY-ST-ZIP

Boardman, OH 44512 ☐ DELETE

41 TITLE

NAME

42 NAME

STREET ADDRESS

43 STREET ADDRESS

CITY-ST-ZIP

44 CITY-ST-ZIP

TITLE ☐ DELETE

51 TITLE

NAME

52 NAME

STREET ADDRESS

53 STREET ADDRESS

CITY-ST-ZIP

54 CITY-ST-ZIP

TITLE ☐ DELETE

61 TITLE

NAME

62 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY-ST-ZIP

64 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-29-99

330-965-0800

Date

Daytime Phone #

CR2E034 (11/98)

12

RiverLake
Healthcare, Inc.

Southwoods Executive Centre
100 DeBartolo Place
Suite 115
Boardman, OH 44512

June 29, 1999

Annual Reports Filings
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Reference: Med-Psych Health Centers, Inc. - 65-0596322
Profit Corporation Annual Report - 1999

Gentlemen:

We engaged the management firm of Montrose Management to oversee the day to day operations of this facility. Their responsibilities included the completion of such reports as The Florida Annual Report.

The management agreement with Montrose Management was terminated January 1999. The requirement to complete the 1999 Florida Annual Report was made known to us the week of June 14, 1999. It is our belief, the former management company received the original form and failed to forward this form to the facility for timely completion.

We are submitting the form with the requested \$150.00 original filing fee. Thank you for your consideration in this matter.

Sincerely Yours,

RiverLake Health Care, Inc.


Maryann Barnett
President