

# P95000052630

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99 MAR 19 AM 7:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Requestor's Name

**DADE CENTRAL COMMUNITY  
MENTAL HEALTH CENTER**

6400 Biscayne Blvd. • Miami, Florida 33138

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)  
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-03/19/99--01081--012  
\*\*\*\*\*35.00 \*\*\*\*\*35.00
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- ☐ Walk in    ☐ Pick up time \_\_\_\_\_    ☐ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

*RA Chg.*

VS MAR 24 1999

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: DADE CENTRAL MENTAL HEALTH CLINIC INC.
2. The mailing address of the corporation is: 6400 BISCAYNE BLVD. MIAMI - FL 33138
3. Date of incorporation/qualification: 6/30/95 Document number: P9500005263067
4. The name and address of the current registered agent and office:

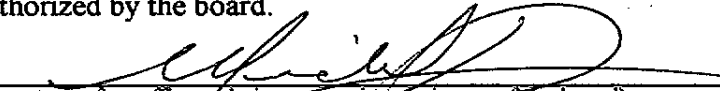
Resigned

5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)


ARNALDO VELEZ, P.A.  
255 UNIVERSITY DR.  
CORAL GABLES - FL 33134

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

 3/12/99  
(Signature of an officer, chairman or vice chairman of the board) (Date)  
Michele Perez Dir  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

 3-12-99  
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

ARNALDO VELEZ \_\_\_\_\_  
(Typed or Printed Name) (Capacity)

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