

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

FILED

Mar 10 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000060389 (0)**

1. Corporation Name

**DOUGLAS MENTAL HEALTH CENTER, INC.**

Principal Place of Business

Mailing Address

**1333 SO. MIAMI AVE  
STE 100  
MIAMI FL 33130**

**1333 SO. MIAMI AVE  
STE 100  
MIAMI FL 33130**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/04/1995**

4. FEI Number

**65-0651528**

Applied For  
Not Applicable

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**25** Country

**24**

2a. Mailing Address

**26** **4649 Ponce de Leon Blvd.**

**27** Suite, Apt. #, etc.  
**Suite 400**

**28** City & State

**Coral Gables, Florida**

**29** Zip

**33146**

**30** Country

**USA**

6. 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 SO. MIAMI AVE, STE 100  
MIAMI FL 33130**

10. Name and Address of New Registered Agent

**81** Name

**Raul Sanchez de Varona**

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

**4649 Ponce de Leon Blvd.**

**83** Suite

**Suite 400**

**84** City

**Coral Gables,**

**FL**

**85** Zip Code

**33146**

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

**1.1** TITLE **P** ☒ DELETE

**1.2** NAME **ALFONZO, JOSE E**

**1.3** STREET ADDRESS **1333 SO. MIAMI AVE, STE 100**

**1.4** CITY-ST-ZIP **MIAMI FL 33130**

**1.5** ☐ DELETE

**1.6** NAME

**1.7** STREET ADDRESS

**1.8** CITY-ST-ZIP

**1.9** ☐ DELETE

**1.10** NAME

**1.11** STREET ADDRESS

**1.12** CITY-ST-ZIP

**1.13** ☐ DELETE

**1.14** NAME

**1.15** STREET ADDRESS

**1.16** CITY-ST-ZIP

**1.17** ☐ DELETE

**1.18** NAME

**1.19** STREET ADDRESS

**1.20** CITY-ST-ZIP

**1.21** ☐ DELETE

**1.22** NAME

**1.23** STREET ADDRESS

**1.24** CITY-ST-ZIP

**1.25** ☐ DELETE

**1.26** NAME

**1.27** STREET ADDRESS

**1.28** CITY-ST-ZIP

**1.29** ☐ DELETE

**1.30** NAME

**1.31** STREET ADDRESS

**1.32** CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1** TITLE **P** ☐ Change ☒ Addition

**1.2** NAME **BARNETT, MARYANNE**

**1.3** STREET ADDRESS **100 DeBartolo Place Suite 100**

**1.4** CITY-ST-ZIP **Boardman, Ohio 44556**

**1.5** ☐ Change ☒ Addition

**1.6** TITLE **VP**

**1.7** NAME **MACEJKO, PATRICIA**

**1.8** STREET ADDRESS **100 DeBartolo Place Suite 100**

**1.9** CITY-ST-ZIP **Boardman, Ohio 44556**

**1.10** ☐ Change ☒ Addition

**1.11** TITLE **S**

**1.12** NAME **SANCHEZ de VARONA, RAUL**

**1.13** STREET ADDRESS **1333 SOUTH MIAMI AVENUE Ste 303**

**1.14** CITY-ST-ZIP **MIAMI, FLORIDA 33130**

**1.15** ☐ Change ☐ Addition

**1.16** TITLE

**1.17** NAME

**1.18** STREET ADDRESS

**1.19** CITY-ST-ZIP

**1.20** ☐ Change ☐ Addition

**1.21** TITLE

**1.22** NAME

**1.23** STREET ADDRESS

**1.24** CITY-ST-ZIP

**1.25** ☐ Change ☐ Addition

**1.26** TITLE

**1.27** NAME

**1.28** STREET ADDRESS

**1.29** CITY-ST-ZIP

**1.30** ☐ Change ☐ Addition

**1.31** TITLE

**1.32** NAME

**1.33** STREET ADDRESS

**1.34** 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; that I am duly 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 in an attachment with an address

SIGNATURE:

*7/20/98*

CR2E034 (10/97)