CAPITAL CONNECTION 850 222 1222 11/09 '98 11:47 NO.876 01/04

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

Amend

PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
98 NOV 12 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000060389

1. Corporation Name

DOUGLAS MENTAL HEALTH CENTER, INC.

Principal Place of Business / Mailing Address

1333 SOUTH MIAMI AVE
SUITE 100
MIAMI, FL 33130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: Aug 1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0651528	Applied For / Not Applicable
21 1333 SOUTH MIAMI AVE	26 1333 SOUTH MIAMI AVE		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired: X	$8.75 Additional Fee Required
22 SUITE 100	27 SUITE 100		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution: ☐	$5.00 May Be Added to Fees
23 MIAMI, FL	28 MIAMI, FL		
Zip / Country	Zip / Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No	
24 33130 / 25 USA	29 33130 / 30 USA		

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 607.0302 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 _____ DATE
Signature, typed or printed name of registered agent and title if not obvious. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MARYANN BARNETT 100 DEBARTOLO PLACE SUITE 100 BOARDMAN, OHIO 44556 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 900002687619--4 -11/13/98--01098--019 *****70.00 *****70.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VST D PATRICIA MACEJKO 100 DEBARTOLO PLACE SUITE 100 BOARDMAN, OHIO 44556 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: MaryAnn Barnett 11/9/98 PD
SIGNATURE AND/OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Officer Title