

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
---	---	---

DOCUMENT #

1. Corporation Name

P95000060389

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

August 1995

4. FEI Number

65-0651528

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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

10. Name and Address of New Registered Agent

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

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

*Maryann Barnett*  
(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

6-30-99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME President  
STREET ADDRESS MARANN BARNETT  
CITY-ST-ZIP 100 DeBartolo Place #115

TITLE ☐ DELETE

NAME Boardman, OH 44512  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME Secretary/Treasurer  
STREET ADDRESS Patricia Macejko  
CITY-ST-ZIP 100 DeBartolo Place #115  
TITLE ☐ DELETE  
NAME Boardman, OH 44512  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11. TITLE  
12. NAME  
13. STREET ADDRESS

14. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY-ST-ZIP

☐ Change ☐ Addition

000002953200--9

-08/06/99--01087--017

\*\*\*\*158.75 \*\*\*\*158.75

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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, with all other like empowered.

SIGNATURE:

*Maryann Barnett*  
(Signature and typed or printed name of signing officer or director)

6-30-99

DATE

330-965-0300

Daytime Phone #

CR2E034 (11/98)

2

**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: Douglas Mental Health Center - 65-0651528  
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