

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

FILED

Mar 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000074178 (1)

1. Corporation Name
ST. JUDE BEHAVIORAL HEALTH CENTER, INC.



Principal Place of Business

3400 CORAL WAY #803
MIAMI FL 33145

Mailing Address

3400 CORAL WAY #803
MIAMI FL 33145-3058

3. Date Incorporated or Qualified
09/26/1995

3a. Date of Last Report
04/18/1996

2. Principal Place of Business

21 150 E. 1 AVE
Suite, Apt. #, etc.

22 #109 + 111

City & State

23 HIALEAH, FL.

Zip

24 33011

Country

2a. Mailing Address

26 P.O. BOX 112764
Suite, Apt. #, etc.

27

City & State

28 HIALEAH, FL.

Zip

29 33010

Country

30

4. FEI Number
65-0614008

Applied For
Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GARCIA, RIGOBERTO
3400 CORAL WAY #803
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name

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

150 E. 1 AVE

83 SUITE #109 + 111

84 City

HIALEAH

FL

85 Zip Code

33011

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

TITLE DPVT
NAME GARCIA, RIGOBERTO
STREET ADDRESS 3400 CORAL WAY #803
CITY-ST-ZIP MIAMI FL 33145

TITLE S
NAME GARCIA, RIGOBERTO
STREET ADDRESS 3400 CORAL WAY #803
CITY-ST-ZIP MIAMI FL 33145

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 1841 S.W. 73 ST. RD.
1.4 CITY-ST-ZIP 33155

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 1841 S.W. 73 ST. RD.
2.4 CITY-ST-ZIP 33155

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: #

02/28/97 305-863-6383

CR2E034 (9/96)