FILE NOW: FILING FEE AFTER MAY 1 IS $[redacted]

FILED
Aug 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
[redacted]
DIVISION OF CORPORATIONS

DOCUMENT # P95000075681

1. Corporation Name
Community Mental Health Center of Miami, Inc.

Principal Place of Business
~~11762 N. Kendall Dr. #180 Miami, FL 33168~~

Mailing Address
SAME

3. Date Incorporated or Qualified: 9/28/95	3a. Date of Last Report: 4/23/96
4. FEI Number: 65-0607442	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 XX Yes ☐ No	

21 2. Principal Place of Business: 5661 NW 7 ST
22 Suite, Apt. #, etc.: 14 Floor
23 City & State: Miami, FL
24 Zip: 33126 25 Country: US

26 2a. Mailing Address: Same
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip:
30 Country:

9. Name and Address of Current Registered Agent

KTG&S REGISTERED AGENT CORP.
100 S.E. 2nd Street
28th Floor
Miami, FL 33131

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 607.0502 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P/T	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Mario Klappholz		1.2 NAME	100002280861---1
STREET ADDRESS	4040 LaPlaya Blvd.		1.3 STREET ADDRESS	-08/29/97--01001--018
CITY-ST-ZIP	Coconut Grove, FL 33133		1.4 CITY-ST-ZIP	****550.00 ****550.00
TITLE	S	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Ellen Klappholz		2.2 NAME	
STREET ADDRESS	4040 LaPlaya Blvd.		2.3 STREET ADDRESS	
CITY-ST-ZIP	Coconut Grove, FL 33133		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

SL 8-29-97

CR2E034 (9/96)

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.

MARIO KLAPPHOLZ, PRES. 8/28/97 (305) 667-7090

SIGNATURE: X [signature] _____
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON SIGNING (FILING OFFICER OR DIRECTOR) DATE