


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
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DOCUMENT # P95000075682

1. Corporation Name

COMMUNITY MENTAL HEALTH CENTER OF CORAL
GABLES, INC.

Principal Place of Business

Mailing Address

11762-N.-Kendall-Drive
#180
Miami, -FL-33168

SAME

3. Date Incorporated or Qualified

9/28/95

3a. Date of Last Report

4/23/96

4. FEI Number

65-0607445

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

2. [REDACTED]
21 240 Paterno Ave

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

22 Coral Gables FL

27 City & State

28

24 3334 25 US

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE D/P/T ☐ DELETE

NAME Mario Klappholz

STREET ADDRESS 4040 LaPlaya Blvd.

CITY-ST-ZIP Coconut Grove, FL 33133

TITLE S ☐ DELETE

NAME Ellen Klappholz

STREET ADDRESS 4040 LaPlaya Blvd.

CITY-ST-ZIP Coconut Grove, FL 33133

TITLE ☐ DELETE

NAME

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

11 TITLE ☐ Change ☐ Addition

12 NAME 100002280851-2

13 STREET ADDRESS -08/29/97--01001--016

14 CITY-ST-ZIP ****550.00 ****550.00

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 biennial 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 only in attachment with an address.

SIGNATURE

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)