## 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 # P95000076852 1. Corporation Name DADE AMBLILATORY BEHAVIORAL SERVICES, INC.

## Apr 29, 1999 8:00 am Secretary of State

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Principal Place	e of Business	Mailing Address				1	f 1884 løbt 118 tøjet blilt dølts polit optil omi		IOL \$1.119 1181 F	PE:		
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HIALEAH FL 33010 HIALEAH FL 33010												
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	•					3.	Date Incorporated or Qualifed					
		1 - 21 - 21			· · · · · · · · · · · · · · · · · · ·	Ļ	10/05/1995	<del></del>				
	lace of Business.	2a, Mailing Address				4.	FEI Number		Applied For			
21		Suite, Apt. #, etc.				<del> </del>	65-0610460		Not Applica	_		
Suite, Apt.	#, etc.					5.	Certifcate of Status Desired	-	Additiona Required	'		
22) City & Stat	· · · · · · · · · · · · · · · · · · ·	City & State				+	Election Campaign Financing					
23	<u>.</u>	<u> </u>	28				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees					
Zip	Country	Zip Country				R	. This corporation owes the current year li					
24	25	29	30	•		\ •.	Personal Property Tax.	Yes	□No	}		
*	9. Name and Address of Curren		,	T		10.	Name and Address of New Registered	l Agent				
					Name							
BRACERAS, WILFRED				82	Stroot Addres	Street Address (P.O. Box Number is Not Acceptable)						
	W 20TH ST					33 (r	. O. Box Number is Not Acceptable)					
HIAL	EAH FL 33010			83								
i					0.7			0.5 7	ρ Code			
				84	City		F!	85   Zi	p Code	Ì		
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a tions of, Section 607.0505, Flo	uthorize rida Stat	utes.	the corporation	1'S De	on submits this statement for the purpose of oard of directors. I hereby accept the appropriate the purpose of	intment as	registered		_	
12.	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	: Registered	1 Agen	t signature required		ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 13	<del>,  </del>	ò	
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6.4 CITY-ST-ZIP 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:

MINITIALISE REQUESTIFIED Braceras