

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

FILED
Feb 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000084364 (5)
1. Corporation Name
COMMUNITY MENTAL HEALTH CENTER OF HIALEAH, INC.

Principal Place of Business

4201 PALM AVE
HIALEAH FL 33012

Mailing Address

4201 PALM AVE
HIALEAH FL 33012



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/31/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0615741	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

KTG&S REGISTERED AGENT CORPORATION
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	DPT	1.1 TITLE	D.P.
NAME	KLAPPHOLZ, MARIO	1.2 NAME	PIERCY, Michael C.
STREET ADDRESS	4040 LAPLAYA BLVD	1.3 STREET ADDRESS	2801 PONCE DE LEON BLVD # 600
CITY-ST-ZIP	COCONUT GROVE FL 33133	1.4 CITY-ST-ZIP	CORAL GABLES, FL 3
TITLE	S	2.1 TITLE	ST
NAME	KLAPPHOLZ, ELLEN	2.2 NAME	LIANO, MANUEL
STREET ADDRESS	4040 LAPLAYA BLVD	2.3 STREET ADDRESS	2801 PONCE DE LEON BLVD # 600
CITY-ST-ZIP	COCONUT GROVE FL 33133	2.4 CITY-ST-ZIP	CORAL GABLES, FL
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

SIGNATURE:

MARIO KLAPPHOLZ
MANUEL LIANO
ALEX

CR2E034 (10/97)