

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

pg. 1

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000086765 (1)

1. Corporation Name
PERSPECTIVES IN MENTAL HEALTH, CORP.



| | |
|--|--|
| Principal Place of Business 7344 SW 48 STREET STE 302 MIAMI FL 33155 | Mailing Address 7344 SW 48 STREET STE 302 MIAMI FL 33155 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | |
|--|--|--|--|
| 3. Date Incorporated or Qualified 11/13/1995 | | 3a. Date of Last Report 04/29/1996 | |
| 4. FEI Number 65-0633820 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | | | | | | | | | | | | | |
|--------------------------------|--|--|--|---------------------|--|--|--|---|--|--|--|--|--|--|--|
| 2. Principal Place of Business | | | | 2a. Mailing Address | | | | 4. FEI Number | | | | Applied For | | | |
| 21 | | | | 26 | | | | 65-0633820 | | | | <input type="checkbox"/> Not Applicable | | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | | | <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 22 | | | | 27 | | | | 6. Election Campaign Financing Trust Fund Contribution | | | | <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| City & State | | | | City & State | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 23 | | | | 28 | | | | Zip | | | | Country | | | |
| 24 | | | | 25 | | | | 29 | | | | 30 | | | |

9. Name and Address of Current Registered Agent
**PEREZ-CASTRO, JOSEFINA
7344 SW 48 STREET STE 302
MIAMI FL 33155**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|---|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PEREZ-CASTRO, JOSEFINA | 1.2 NAME | |
| STREET ADDRESS | 7344 SW 48 ST #302 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 1.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | 800002268668--9 |
| STREET ADDRESS | | 2.3 STREET ADDRESS | -08/15/97--01089--007 |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | ***165.00 ***165.00 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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.

CR2E034 (4/97)

PERSPECTIVES IN MENTAL HEALTH

P.2

Main Office:
7344 S.W. 48 St. Suite 302
Miami, Florida 33155

Tel: (305) 663-0013
Fax: (305) 663-8138

August 8, 1997

Florida Department of State
Division of Corporation
P.O.Box 6327
Tallahassee, Florida 32314

Re: Filling of Corporation Annual Report


Dear sir/madam:

I received last week the second notice for my corporation Perspectives in Mental Health, Corp., Document #: P95000086765 (1). I did not receive my first notice for none of my two corporations. If you check my records you will see that I always paid on time. Due to the fact that I was not able to pay by your deadline, I am pleading with you to consider this situation and accept my payment without the penalty.

My organization is a small operation, I do not have a bookkeeper or any other office help, I do my own administration and I completely forgot this yearly commitment. My office is in a warehouse district, occasionally we have had problems with the correct delivery of our mail.

I am including a check for the amount of \$165.00 while you are reviewing my situation.

Sincerely,


Josefina Perez-Castro
President