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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # [redacted]3 **(7)**

1. Corporation Name
FAMILY BEHAVORIAL HEALTH CENTERS
P95000087540

[redacted]

Principal Place of Business	Mailing Address
FAMILY BEHAVORIAL HEALTH CENTER 4501 PALM AVE SUITE 203 HIALEAH, FL 33012	FAMILY BEHAVIORAL MENTAL CENTER 4501 PALM AVE SUITE 203 HIALEAH, FL 33012

3. Date Incorporated or Qualified: SEPT 14, 1995 — 3a. Date of Last Report: 05/01/1996

2. Principal Place of Business (21): " " — 2a. Mailing Address (26): " "

4. FEI Number: 65-0617834 — ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22): " " — Suite, Apt. #, etc. (27): " "

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

City & State (23): " " — City & State (28): " "

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

Zip (24): " " — Country (25): " " — Zip (29): " " — Country (30): " "

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

JOSEPH P. McGATH
2801 NE 183 ST
APT 909
N. MIAMI BEACH, FL
33160

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: Joseph P. McGath — 4/24/97
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT JOSEPH P McGATH 2851 NE 183 ST APT 909 NORTH MIAMI BEACH, FL 33160	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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***165.00

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.

SIGNATURE: Joseph P McGath 4/24/97