

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

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra S. Norrhem Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 3 (7) 1. Corporation Name FAMILY BEHAVIORAL HEALTH CENTERS P95000087540			
Principal Place of Business FAMILY BEHAVIORAL HEALTH CENTER 4501 PALM AVE SUITE 203 MIAMI, FL 33012		Mailing Address FAMILY BEHAVIORAL HEALTH CENTER 4501 PALM AVE SUITE 203 MIAMI, FL 33012	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0617834	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No
23. Zip	28. Zip	8. Name and Address of Current Registered Agent	
24. Country	29. Country	9. Name and Address of New Registered Agent	
10. Name and Address of Current Registered Agent JOSEPH P. MCGATH 2801 NE 183 ST APT 909 N. MIAMI BEACH, FL 33160		11. Name and Address of New Registered Agent	
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.		12. SIGNATURE Joseph P. McGath Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when resigning)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	1.1 TITLE	1.1 TITLE	
2. NAME	2. NAME	2. NAME	
3. STREET ADDRESS	3. STREET ADDRESS	3. STREET ADDRESS	
4. CITY-ST-ZIP	4. CITY-ST-ZIP	4. CITY-ST-ZIP	
5. TITLE	5.1 TITLE	5.1 TITLE	
6. NAME	6. NAME	6. NAME	
7. STREET ADDRESS	7. STREET ADDRESS	7. STREET ADDRESS	
8. CITY-ST-ZIP	8. CITY-ST-ZIP	8. CITY-ST-ZIP	
9. TITLE	9.1 TITLE	9.1 TITLE	
10. NAME	10. NAME	10. NAME	
11. STREET ADDRESS	11. STREET ADDRESS	11. STREET ADDRESS	
12. CITY-ST-ZIP	12. CITY-ST-ZIP	12. CITY-ST-ZIP	
13. TITLE	13.1 TITLE	13.1 TITLE	
14. NAME	14. NAME	14. NAME	
15. STREET ADDRESS	15. STREET ADDRESS	15. STREET ADDRESS	
16. CITY-ST-ZIP	16. CITY-ST-ZIP	16. CITY-ST-ZIP	
17. TITLE	17.1 TITLE	17.1 TITLE	
18. NAME	18. NAME	18. NAME	
19. STREET ADDRESS	19. STREET ADDRESS	19. STREET ADDRESS	
20. CITY-ST-ZIP	20. CITY-ST-ZIP	20. CITY-ST-ZIP	
21. TITLE	21.1 TITLE	21.1 TITLE	
22. NAME	22. NAME	22. NAME	
23. STREET ADDRESS	23. STREET ADDRESS	23. STREET ADDRESS	
24. CITY-ST-ZIP	24. CITY-ST-ZIP	24. CITY-ST-ZIP	
25. TITLE	25.1 TITLE	25.1 TITLE	
26. NAME	26. NAME	26. NAME	
27. STREET ADDRESS	27. STREET ADDRESS	27. STREET ADDRESS	
28. CITY-ST-ZIP	28. CITY-ST-ZIP	28. CITY-ST-ZIP	
29. TITLE	29.1 TITLE	29.1 TITLE	
30. NAME	30. NAME	30. NAME	
31. STREET ADDRESS	31. STREET ADDRESS	31. STREET ADDRESS	
32. CITY-ST-ZIP	32. CITY-ST-ZIP	32. CITY-ST-ZIP	
33. TITLE	33.1 TITLE	33.1 TITLE	
34. NAME	34. NAME	34. NAME	
35. STREET ADDRESS	35. STREET ADDRESS	35. STREET ADDRESS	
36. CITY-ST-ZIP	36. CITY-ST-ZIP	36. CITY-ST-ZIP	
37. TITLE	37.1 TITLE	37.1 TITLE	
38. NAME	38. NAME	38. NAME	
39. STREET ADDRESS	39. STREET ADDRESS	39. STREET ADDRESS	
40. CITY-ST-ZIP	40. CITY-ST-ZIP	40. CITY-ST-ZIP	
41. TITLE	41.1 TITLE	41.1 TITLE	
42. NAME	42. NAME	42. NAME	
43. STREET ADDRESS	43. STREET ADDRESS	43. STREET ADDRESS	
44. CITY-ST-ZIP	44. CITY-ST-ZIP	44. CITY-ST-ZIP	
45. TITLE	45.1 TITLE	45.1 TITLE	
46. NAME	46. NAME	46. NAME	
47. STREET ADDRESS	47. STREET ADDRESS	47. STREET ADDRESS	
48. CITY-ST-ZIP	48. CITY-ST-ZIP	48. CITY-ST-ZIP	
49. TITLE	49.1 TITLE	49.1 TITLE	
50. NAME	50. NAME	50. NAME	
51. STREET ADDRESS	51. STREET ADDRESS	51. STREET ADDRESS	
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53. TITLE	53.1 TITLE	53.1 TITLE	
54. NAME	54. NAME	54. NAME	
55. STREET ADDRESS	55. STREET ADDRESS	55. STREET ADDRESS	
56. CITY-ST-ZIP	56. CITY-ST-ZIP	56. CITY-ST-ZIP	
57. TITLE	57.1 TITLE	57.1 TITLE	
58. NAME	58. NAME	58. NAME	
59. STREET ADDRESS	59. STREET ADDRESS	59. STREET ADDRESS	
60. CITY-ST-ZIP	60. CITY-ST-ZIP	60. CITY-ST-ZIP	
61. TITLE	61.1 TITLE	61.1 TITLE	
62. NAME	62. NAME	62. NAME	
63. STREET ADDRESS	63. STREET ADDRESS	63. STREET ADDRESS	
64. CITY-ST-ZIP	64. CITY-ST-ZIP	64. CITY-ST-ZIP	
65. TITLE	65.1 TITLE	65.1 TITLE	
66. NAME	66. NAME	66. NAME	
67. STREET ADDRESS	67. STREET ADDRESS	67. STREET ADDRESS	
68. CITY-ST-ZIP	68. CITY-ST-ZIP	68. CITY-ST-ZIP	
69. TITLE	69.1 TITLE	69.1 TITLE	
70. NAME	70. NAME	70. NAME	
71. STREET ADDRESS	71. STREET ADDRESS	71. STREET ADDRESS	
72. CITY-ST-ZIP	72. CITY-ST-ZIP	72. CITY-ST-ZIP	
73. TITLE	73.1 TITLE	73.1 TITLE	
74. NAME	74. NAME	74. NAME	
75. STREET ADDRESS	75. STREET ADDRESS	75. STREET ADDRESS	
76. CITY-ST-ZIP	76. CITY-ST-ZIP	76. CITY-ST-ZIP	
77. TITLE	77.1 TITLE	77.1 TITLE	
78. NAME	78. NAME	78. NAME	
79. STREET ADDRESS	79. STREET ADDRESS	79. STREET ADDRESS	
80. CITY-ST-ZIP	80. CITY-ST-ZIP	80. CITY-ST-ZIP	
81. TITLE	81.1 TITLE	81.1 TITLE	
82. NAME	82. NAME	82. NAME	
83. STREET ADDRESS	83. STREET ADDRESS	83. STREET ADDRESS	
84. CITY-ST-ZIP	84. CITY-ST-ZIP	84. CITY-ST-ZIP	
85. TITLE	85.1 TITLE	85.1 TITLE	
86. NAME	86. NAME	86. NAME	
87. STREET ADDRESS	87. STREET ADDRESS	87. STREET ADDRESS	
88. CITY-ST-ZIP	88. CITY-ST-ZIP	88. CITY-ST-ZIP	
89. TITLE	89.1 TITLE	89.1 TITLE	
90. NAME	90. NAME	90. NAME	
91. STREET ADDRESS	91. STREET ADDRESS	91. STREET ADDRESS	
92. CITY-ST-ZIP	92. CITY-ST-ZIP	92. CITY-ST-ZIP	
93. TITLE	93.1 TITLE	93.1 TITLE	
94. NAME	94. NAME	94. NAME	
95. STREET ADDRESS	95. STREET ADDRESS	95. STREET ADDRESS	
96. CITY-ST-ZIP	96. CITY-ST-ZIP	96. CITY-ST-ZIP	
97. TITLE	97.1 TITLE	97.1 TITLE	
98. NAME	98. NAME	98. NAME	
99. STREET ADDRESS	99. STREET ADDRESS	99. STREET ADDRESS	
100. CITY-ST-ZIP	100. CITY-ST-ZIP	100. 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)(d), 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