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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 29 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000089871 (4)

ST. THERESA BEHAVIORAL HEALTH CENTER, INC.

Principal Place of Business 10030 SW 40 ST. MIAMI FL 33165	Mailing Address 10030 SW 40 ST. MIAMI FL 33185-3994	······································		
			 Date Incorporated or Qualified 11/27/1995 	3a. Date of Last Report 06/28/1996
2. Princ pal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0626284	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip Country	28	Country	Trust Fund Contribution	Added to Fees
24 25 25		30	8. This corporation has liability for Florida Statutes	r intangible tax under s. 199.032,
9. Name and Address of			10. Name and Address of New R	
FERNANDEZ, ROLANDO		81 Name		
10030 SW 40 ST. - MIAMI FL 33185 -		82 Street A 9 3	Address (P.O. Box Number is Not Accepta 17 5.w. 17 a.u. 1	ple) +30×
		84 City		85 Zip Code
		Coa	ONUT GROIE	FL 33/33
 Pursuant to the provisions of Sections 6 office or registered agent, or both, in the agent I am familiar with, and accept the 	07.0502 and 607.1508, Florida Statute e State of Florida. Such change was a	es, the above-named authorized by the corp	corporation submits this statement for the poration's board of directors. I hereby acce	purpose of changing its registered apt the appointment as registered
	e obligations of, Section 607.0505, Flo	orida Statutes.		
SIGNATURE Support on type it or printed name of regar	timed agent and title if applicable (NOTE	Flegistered Agent signature	required when reinstating)	DATE
12. OFFICE	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12
THE DPS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
FERNANDEZ, ROLANDO		1.2 NAME		
STREET ADDRESS 10009 NW 7-ST., UNIT-1	12-	1.3 STREET ADDRESS	14856 8.W. 176 St	
CHY-51-ZIP MIAMI FL 33172	DELETE	1.4 CITY-ST-ZIP	MIAMI, PL. 33187	Change Addition
TOTAL NAME	E DECEIE	2.1 TITLE 2.2 NAME		C) Change C) Addition
STREET ADDRESS		2.3 STREET ADDRESS		
CHY-S1 ZIF		2.4 CITY - ST - ZIP		
1-111	DELETE	31 TITLE		Change Addition
NAME		32 NAME	1 .	
STREET ADDRESS		3.3 STREET ADDRESS		
CiTY - ST- 7IP		3.4. CITY-ST-ZIP		
Tittl	DELETE	4.1 TOLE	•	Change Addition
NAME		4. 2 NAME		
STEEL ADDRESS		4.3 STREET ADDRESS		
CHY-ST-70*	DELETE	4.4 City-St-ZiP 5.1 TiTLE		Change Addition
MARA	Burnet to	5.2 NAME		۱۰۰۰۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱
STREET ADDRESS		5.3 STREET ADDRESS		
COTY+ST-7IP		5.4 CITY-ST-ZIP	·	
ти	DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CHY-SI-AF		64 CitY-ST-ZIP	ated in Brasina 440 07/07/0 President	an I further and 6. that the
14. I do hereby certly that the information's information indicated on this annual rep I am an officer or director of the corporation appears in Block 12 or Block 13 or Brock 14 or Brock 15 or Brock	applied win this filing does not qualify out of Sipple sental annual report is tr ation of the flue yer at trusted an pow- iged or on an ascartent with an add	y ler the exemption st rue and accurate and ered to execute this ri freas.	tated in Section 119.07(3)(I), Florida Statut that my signature shall have the same leg eport as required by Chapter 607 Florida	es. I further certify that the lal effect as if made under oath; tha Statutes; and that my name
SIGNATURE:	and the	IMED	4/21/97	
SIGNATURE AND T	YPED OR PRINTED NAME OF BIGNING OFFICER	OR DIRECTOR		Daytime Phone #