

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

FILED
May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000011447 (5)
1. Corporation Name
SOUTH DADE MENTAL REHABILITATION CENTER, INC.



Principal Place of Business
2144-SOUTHWEST 11 STREET
MIAMI FL 33135

Mailing Address
2144-SOUTHWEST 11 STREET
MIAMI FL 33185-5002

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 3722 SW 27 terr		26 3722 SW 27 terr		02/06/1996			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0638336		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 Miami Florida		28 Miami Florida		<input type="checkbox"/>		5.00 May Be Added to Fees	
Zip		Zip		Country		Country	
24 33134		29 33134		30 Dade		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
25 Dade		31		32		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

~~THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD~~
~~343 ALMERIA AVENUE~~
~~CORAL GABLES FL 33134~~

10. Name and Address of New Registered Agent

81 Name Armando Trujillo
82 Street Address (P.O. Box Number is Not Acceptable) 3722 SW 27 terr
83
84 City Miami FL 85 Zip Code 33134

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 *Armando Trujillo* *Armando Trujillo* *4/28/97*
Signature, typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MIRABAL, SALVADOR C			1.2 NAME	Armando Trujillo		
STREET ADDRESS	2144-SOUTHWEST 11 STREET			1.3 STREET ADDRESS	6410 SW 130 Ave #508		
CITY-ST-ZIP	MIAMI FL 33135			1.4 CITY-ST-ZIP	Miami FL 33183	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	VPS	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VPS		
NAME	TRUJILLO, ARMANDO			2.2 NAME	Noel Castillo		
STREET ADDRESS	2144-SOUTHWEST 11 STREET			2.3 STREET ADDRESS	3722 SW 27 terr		
CITY-ST-ZIP	MIAMI FL 33135			2.4 CITY-ST-ZIP	Miami FL 33134	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE			
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.

SIGNATURE *Armando Trujillo* *Armando Trujillo*

CR2E034 (9/96)