

SECOND NOTICE: A CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jul 13 1998 8:00am
Secretary of State

DOCUMENT # **P96000013544 (7)**

1. Corporation Name

**AMERICAN AMBULATORY BEHAVIORAL HEALTHCARE CENTER
, INC.**

Principal Place of Business

**1414 N.W. 107TH AVE.
SUITE 102
MIAMI FL 33172**

Mailing Address

**1414 N.W. 107TH AVE.
SUITE 102
MIAMI FL 33172**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/09/1996

4. FEI Number

65-0646222

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 **5040 N.W. 7 Street**

Suite, Apt. #, etc.

22 **Suite 530**

City & State

23 **Miami Florida**

Zip

24 **33126**

Country

25 **USA**

2a. Mailing Address

26 **5040 N.W. 7 Street**

Suite, Apt. #, etc.

27 **Suite 530**

City & State

28 **Miami Florida**

Zip

29 **33126**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**MARTINEZ, ALEIDA G
6745 SW 94TH STREET
MIAMI FL 33156**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

5040 N.W. 7 Street

83 **Suite 530**

84 City **Miami, Florida**

FL

85 Zip Code

33126

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PST MARTINEZ, ALEIDA G**

STREET ADDRESS **6745 S.W. 94 ST**

CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **PST Martinez, Aleida G**

1.3 STREET ADDRESS **5040 N.W. 7 Street Suite 530**

1.4 CITY-ST-ZIP **Miami, Florida 33126**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

200002588202

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*****150.00**

14. I 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:

Aleida G. Martinez

Aleida G. MARTINEZ

7/6/98

(305) 529-1401

CR2E034 (5/98)

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American Ambulatory Behavioral Healthcare Center, Inc.

Florida Department of State
Sandra B. Mortham
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

July 6, 1998


To Whom It May Concern;

As per my conversation with Tanya Mc Griff, I have received today for the first time the 1998 Profit Corporation Annual Report Packet. This packet said that this was a second notice but I never received the first notice.

I have always paid the annual report fee on time. Miss Tanya told me to send a letter with the enclosed check for \$150.00 explaining this and that it would be no problem.

Thank you very much for your cooperation in this matter. If you need to ask me any further questions, please call me at (305) 529-1401.

Regards,



Aleida G. Martinez
C.E.O.