

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

FILED

May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortha Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000015417			
1. Corporation Name Mutual Behavioral Healthcare Center, Inc.			
Principal Place of Business 8080 West Flagler Street Suite 3E-3F Miami, Fl. 33144		Mailing Address	
2. Principal Place of Business		3. Date Incorporated or Qualified	
21	26	02/15/96	
Suite, Apt. #, etc.		3a. Date of Last Report	
22	27	Applied For	
City & State		Not Applicable	
23	28	5. Certificate of Status Desired	
Zip	City & State	8.75 Additional Fee Required	
24	29	6. Election Campaign Financing Trust Fund Contribution	
Country	Zip	5.00 May Be Added to Fees	
25	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
9. Name and Address of Current Registered Agent		Yes ☒ No ☐	
Zoe M. Seijas 13221 S.W. 48th Street Miami, Fl. 33175		10. Name and Address of New Registered Agent	
81 Name		Blanca Rodriguez	
82 Street Address (P.O. Box Number is Not Acceptable)		2625 Collins Avenue	
83 Apt. # 405		84 City	
84 City		miami Beach	
85 Zip Code		FL 33140	
11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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		4/15/97	
Signature, typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when not filing)		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE		1. TITLE	
2. NAME		2. NAME	
3. STREET ADDRESS		3. STREET ADDRESS	
4. CITY - ST - ZIP		4. CITY - ST - ZIP	
5. TITLE		5. TITLE	
6. NAME		6. NAME	
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97. TITLE		97. TITLE	
98. NAME		98. NAME	
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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)(c), 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 it changed, or on an attachment with an address.			
SIGNATURE:		4/15/97 (305) 263-9556	
Signature, typed or printed name of signing officer or director		Date Daytime Phone #	
Blanca Rodriguez		06/02/97--01010--020	
(President)		***173.75	

CR2E034 (9/96)