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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000026516 (0)**

1. Corporation Name
PARTNERS IN BEHAVIORAL MEDICINE, INC.

Principal Place of Business
7800 SW 87TH AVE
BUILDING B SUITE 250
MIAMI FL 33173

Mailing Address
7800 SW 87TH AVE
BUILDING B SUITE 250
MIAMI FL 33173-3570

3. Date Incorporated or Qualified: 03/20/1996
3a. Date of Last Report:

2. Principal Place of Business
21 7600 SW 57 AVE.
Suite, Apt. #, etc.
22 304
City & State
23 So. MIAMI, FL
Zip 24 33143 Country 25 DADE

2a. Mailing Address
26 7600 SW 57 AVE.
Suite, Apt. #, etc.
27 304
City & State
28 So. MIAMI, FL
Zip 29 33143 Country 30 DADE

4. FEI Number: 65-0650901 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
PEREZ-INFANTE, EDUARDO
7800 SW 87TH AVE
BUILDING B SUITE 250
MIAMI FL 33173

10. Name and Address of New Registered Agent
81 Name: VIVIAN UMBEL
82 Street Address (P.O. Box Number is Not Acceptable): 90 EDGEWATER DR. #1203
83
84 City: CORAL GABLES FL 85 Zip Code: 33133

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] 4/9/97
(Signature, Type or Print Name of Person Signing) (NOTE: Registered Agent Must Sign Above to Accept Appointment) (DATE)

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	PEREZ-INFANTE, EDUARDO	
STREET ADDRESS	7800 SW 87TH AVE BLDG B SUITE 250	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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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	D,P,T	☐ Change ☒ Addition
1.2 NAME	MARISA AZARET	
1.3 STREET ADDRESS	6507 SW 116 PL. UNIT A	
1.4 CITY-ST-ZIP	MIAMI, FL 33173	
2.1 TITLE	D, VP, S	☐ Change ☒ Addition
2.2 NAME	VIVIAN UMBEL	
2.3 STREET ADDRESS	90 EDGEWATER DR. #1203	
2.4 CITY-ST-ZIP	CORAL GABLES, FL 33133	
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		

14. I do hereby certify that the information shown on this form 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 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 a receiver or trustee or an officer or director of a trust 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: VIVIAN UMBEL D,VP,S 4/9/97 (305) 669-0005

CR2E034 (9/96)