

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

10/2

1997 AUG 18 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000029408 (7)

1. Corporation Name

SOUTH DADE BEHAVIORAL HEALTH CENTER, INC.



Principal Place of Business

19 W FLAGLER ST. SUITE 416
BISCAYNE BUILDING
MIAMI FL 33130

Mailing Address

19 W FLAGLER ST. SUITE 416
BISCAYNE BUILDING
MIAMI FL 33130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

04/04/1996

4. FEI Number

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 8300 SW 8TH ST

2a. Mailing Address

25 8300 SW 8TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 105

27 105

City & State

City & State

23 MIAMI FL

28 MIAMI FL

Zip

Country

Zip

Country

24 33144

25 USA

29 33144

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

METSCH, BENJAMIN R
19 W FLAGLER ST, SUITE 416
BISCAYNE BUILDING
MIAMI FL 33130

81 Name

RAUL SANTANA

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

8300 S.W. 8TH ST. #105

83

84 City

MIAMI

FL

85 Zip Code

33144

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

RAUL SANTANA

RAUL SANTANA

8/14/97

Signature of person or persons registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

PD
NAME GONZALEZ, ROBERTO
STREET ADDRESS 5701 COLLINS AVE, RM #821
CITY-ST-ZIP MIAMI BEACH FL

TITLE ☐ DELETE

TD
NAME GONZALEZ, MARGARITA
STREET ADDRESS 5701 COLLINS AVE, RM #821
CITY-ST-ZIP MIAMI BEACH FL

TITLE ☐ DELETE

VD
NAME SANTANA, RAUL R
STREET ADDRESS 6039 COLLINS AVE, PH #16
CITY-ST-ZIP MIAMI BEACH FL

TITLE ☐ DELETE

SD
NAME SANTANA, ESTELA
STREET ADDRESS 6039 COLLINS AVE PH #16
CITY-ST-ZIP MIAMI BEACH FL

TITLE ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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 registered agent 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

RAUL SANTANA

REQUIRED

7/31

97(305)267-8389

CR2E034 (4/97)



20f2

South Dade Behavioral Health Center

07/18/1997

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE
CORPORATION ANNUAL REPORT

RE: 2ND. NOTICE FILING FEE

GENTLEMEN: WE ARE SENDING A CHECK FOR \$225.00 DO TO THAT WE NEVER
RECEIVED THE ORIGINAL ANNUAL REPORT PLEASE DO NOT HESITATE TO CALL
AT TEL. SHOWN BELLOW FOR ANY QUESTIONS.

SINCERELY,

RAUL R. SANTANA

A handwritten signature in black ink, appearing to read 'Raul R. Santana', written over the printed name.