

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

hof 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
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8300 SW 8TH ST	2a. Mailing Address 26 8300 SW 8TH ST
Suite, Apt. #, etc. 22 105	Suite, Apt. #, etc. 27 105
City & State 23 MIAMI FL	City & State 28 MIAMI FL
Zip 24 33144	Country 25 USA
Country 29 USA	Zip 30 33144

3. Date Incorporated or Qualified 04/04/1996	3a. Date of Last Report
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**METSCH, BENJAMIN R
 19 W FLAGLER ST, SUITE 416
 BISCAYNE BUILDING
 MIAMI FL 33130**

10. Name and Address of New Registered Agent

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** DATE **8/14/97**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GONZALEZ, ROBERTO	
STREET ADDRESS	5701 COLLINS AVE, RM #821	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GONZALEZ, MARGARITA	
STREET ADDRESS	5701 COLLINS AVE, RM #821	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SANTANA, RAUL R	
STREET ADDRESS	6039 COLLINS AVE, PH #16	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SANTANA, ESTELA	
STREET ADDRESS	6039 COLLINS AVE PH #16	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

100002271601
-08/19/97--01085--003
*****225.00 ***225.00**

480
8/18/97

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 or on an attachment with an address.

SIGNATURE *Raul Santana* **RAUL SANTANA** DATE **7/31 97 (305) 269-8389**

CR2E034 (4/97)

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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