

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

FILED  
May 19 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000029408 (7)

1. Corporation Name

SOUTH DADE BEHAVIORAL HEALTH CENTER, INC.

Principal Place of Business

8300 SW 8TH ST  
#105  
MIAMI FL 33144

Mailing Address

8300 SW 8TH ST  
#105  
MIAMI FL 33144

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/04/1996

4. FEI Number

APPLIED FOR 65-0660940

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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

SANTANA, RAUL  
8300 SW 8TH ST.  
#105  
MIAMI FL 33144

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 filer if applicable

(NOTE: Registered Agent Signature Required when reinstating)

DATE

4/30/98

12. OFFICERS AND DIRECTORS

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME SANTANA, RAUL R  
1.3 STREET ADDRESS 6039 COLLINS AVE, PH 16  
1.4 CITY-ST-ZIP MIAMI BEACH, FL

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE VD  
3.2 NAME GONZALEZ ROBERTO  
3.3 STREET ADDRESS 5701 COLLINS AVE, Apt # 821  
3.4 CITY-ST-ZIP MIAMI, BEACH, FL

☒ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

Signature

4/30/98 (305)447-0224

CR2E034 (1097)