

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90029 047 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katharine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P96000029408**

1. Corporation Name
SOUTH DADE BEHAVIORAL HEALTH CENTER, INC.



Principal Place of Business Mailing Address
8300 SW 8TH ST **8300 SW 8TH ST**
#105 **#105**
MIAMI FL 33144 **MIAMI FL 33144**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

3. Date Incorporated or Qualified
04/04/1996

4. FEI Number Applied For
65-0660940 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 the current year Intangible Personal Property Tax. Yes No

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 F:L 85 Zip Code

11. Pursuant to the provisions of Sections 607.056 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **4-1-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SANTANA, RAUL R	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTANA, RAUL R	1.2 NAME	
STREET ADDRESS	6039 COLLINS AVENUE PH 16	1.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI BEACH FL	1.4 CITY-STATE-ZIP	
TITLE	TD GONZALEZ, MARGARITA	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, MARGARITA	2.2 NAME	
STREET ADDRESS	5701 COLLINS AVE, RM #821	2.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI BEACH FL	2.4 CITY-STATE-ZIP	
TITLE	VD GONZALEZ, ROBERTO	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, ROBERTO	3.2 NAME	
STREET ADDRESS	5701 COLLINS AVE APT 821	3.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI BEACH FL	3.4 CITY-STATE-ZIP	
TITLE	SD SANTANA, ESTELA	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTANA, ESTELA	4.2 NAME	
STREET ADDRESS	6039 COLLINS AVE PH #16	4.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI BEACH FL	4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Date: **4-1-99** Daytime Phone #: **(305) 269-8389**

CR2E034 (11/98)