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May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000034048 (4)

1. Corporation Name

SIERRA NORWOOD COMMUNITY MENTAL HEALTH CENTER P.
H.P., INC.

Principal Place of Business

320 N.W. 183RD TERRACE
MIAMI FL 33169

Mailing Address

320 N.W. 183RD TERRACE
MIAMI FL 33169-3559

3. Date Incorporated or Qualified

04/18/1996

3a. Date of Last Report

2. Principal Place of Business

21 16401 NW 2 AVE.

2a. Mailing Address

26 16401 NW 2 AVE.

4. FEI Number

65-0659928

Applied For

Not Applicable

Suite, Apt. #, etc.

22 100

Suite, Apt. #, etc.

27 100

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 MIAMI, FL

City & State

28 MIAMI, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24 33169

Country

Zip

29 33169

Country

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES, INC.
4521 PGA BLVD.
SUITE 211
PALM BEACH GARDENS FL 33410

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D OKEGBOLA, AMOS O
STREET ADDRESS % 320 N.W. 193RD TERRACE
CITY- ST- ZIP MIAMI FL 33169

TITLE ☐ DELETE

NAME D OKEGBOLA, GRACE O
STREET ADDRESS % 320 N.W. 193RD TERRACE
CITY- ST- ZIP MIAMI FL 33169

TITLE ☐ DELETE

NAME D TAYLOR, RAUFU O
STREET ADDRESS % 320 N.W. 193RD TERRACE
CITY- ST- ZIP MIAMI FL 33169

TITLE ☐ DELETE

NAME D TAYLOR, FUNMILAYO V
STREET ADDRESS % 320 N.W. 193RD TERRACE
CITY- ST- ZIP MIAMI FL 33169

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

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 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:

X *Amos O. Okegbola* AMOS O. OKEGBOLA (President) 02/06/97 (305) 959-0064

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0221381

CR2E034 (9/96)