PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000039985

FILED Jul 08, 1999 8:00 am Secretary of State

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NUEWIIA	e Behavioral Managemi	ent inc.			
incinal Place	e of Business	Mailing Address	_ _		I BORNOOR HIE HERME ERHN EENH EENH OORNI OORNE EHKE HEKE LEHE LEHEL EHK HEEL
NW 18 CT	o Or Business	→ 5151 COLLINS AVE			
MI FL 33125		STE 1109			
		MIAMI BCH FL 33140			DO NOT WRITE IN THIS SPACE
		US			3. Date Incorporated or Qualified
			`_	_ ·	
Principal P	ace of Business **N********************************	2a. Mailing Address	Collie	is Ave	65-0667223 Applied For
Suite. Apt.	#. etc.	Suite, Apt. #, etc.			5 Contificate of Status Desired \$8.75 Additional
	Floor	27 1109			Fee Required
City & Stat		City & State 28 HiAMi E	BEACH	F	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	untry	8. This corporation owes the current year
33/2		Zip 33/40	30	USA	Intangible Personal Property. Yes No
	9. Name and Address of Currer				10. Name and Address of New Registered Agent
LAAD'	TA ALANO		· <u> </u>	81 Name	MARTA AMADO
	ra, amado NW 13 . c7				Address (P.O. Box Number is Not Acceptable)
	FFL 33125				372 N.W 16 St.
	11 1 2 00 120			83 M	i4mi
				84 City	FL 85 33 125
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	to heurovisions of sections our 100				
office or	registered agent, or potyr in the State	of Florida. Such change v	was authorize	ed by the corp	oration's board of directors. I hereby accept the appointment as registered
	ragistered agent, or both in the State am familiar with, and altern the oblig	of Florida. Such change vations of, section 607.050	was authorize 5, Florida Sta	ed by the corp tutes.	corporation submits this statement for the purpose of changing its registered coration's board of directors. I hereby accept the appointment as registered
	Wy A	of Florida. Such change vations of, section 607.050	HMINN	<u> </u>	re required when reinstating) DATE
	Signature, broad or printed name of registered age	MMIT .	HMINN	ered Agent signatu	re required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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indicated on this annual report or supplies with ansiming does not quarity for the exemption stated in section 1 is 07(3)(1). 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 to the statutes of the corporation of the receiver of the second of the secon an officer or director of the corporation or in Block 12 or Block 13 if changed, or on a

IGNATURE: