

FILE NOW; FILING FEE AFTER MAY 1 IS \$550.00

pg 1

FILED

97 JUN 30 AM 11:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000049716  
1. Corporation Name

LAKEVIEW MENTAL HEALTH, INC.

Principal Place of Business 11095 NW 17 Place CORAL SPRINGS, FL 33071	Mailing Address 11095 NW 17 Place CORAL SPRINGS, FL
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3. Date Incorporated or Qualified 6/11/96	3a. Date of Last Report N/A
4. FEI Number	Applied For <input checked="" 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 has liability for intangible tax under s. 193.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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  J. De GAGLIA, PRESIDENT 6/29/97 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN DE GAGLIA	1.2 NAME	500002230335--3
STREET ADDRESS	11095 NW 17 Place Coral Springs, FL 33071	1.3 STREET ADDRESS	-07/03/97--01108--011
CITY - ST - ZIP		1.4 CITY - ST - ZIP	****165.00 ****165.00
TITLE	VICE PRESIDENT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAM DE GAGLIA	2.2 NAME	
STREET ADDRESS	11095 NW 17 Place Coral Springs, FL 33071	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - 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 - ST - ZIP		5.4 CITY - ST - 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 - ST - ZIP		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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/18/97 DATE (954) 752-7082 DAYTIME PHONE #

CR2E034 (9/96)

pg. 2

John De Gaglia  
11095 NW 17<sup>th</sup> Place  
Coral Springs, FL 33071

Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dear Division of Corporations;

I am writing to ask you to place in abatement the late filing fees for LAKEVIEW MENTAL HEALTH, INC., in the amount of \$550.

I have been experiencing a problem receiving my mail, verifiable with the Post Office, and unfortunately did not receive the original form your office sends out each January. I was not aware of this procedure, only understanding that the form only had to be completed annually. Since I did not receive the form, I contacted your office. I was informed that a form was sent to me which had to be received by May 1<sup>st</sup>. After contacting your office to request a duplicate copy of the aforementioned form, I discovered that there was a charge of \$550 as stated above.

I am appealing to you for consideration and ask that the original filing fee of \$165 be accepted this one time for the reasons stated above and the fact that the corporation only earned \$300 for the year.

I apologize for any inconvenience and appreciate your time considering this matter.

Sincerely,

A handwritten signature in black ink, appearing to be 'J. De Gaglia', written in a cursive style.

J. De Gaglia