

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

FILED

May 06 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 # **P96000051674 (5)**
1. Corporation Name
LAKESIDE COMMUNITY MENTAL HEALTH CENTER INC.



Principal Place of Business

Mailing Address

**% 5200 BLUE LAGOON DR.
SUITE 600
MIAMI FL 33126-2022**

**% 5200 BLUE LAGOON DR.
SUITE 600
MIAMI FL 33126**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **711 CAMILO AVE**

22 City & State

27 City & State

23 Zip

Country

28 **CORAL GABLES, FL**

Zip

Country

24

25

29

33134

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

06/17/1996

4. FEI Number

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

**LOPEZ, JORGE
5200 BLUE LAGOON DR.
SUITE 600
MIAMI FL 33126-2022**

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 **D** ☐ DELETE
NAME **LOPEZ, ALBERT D**
STREET ADDRESS **% 5200 BLUE LAGOON DR. SUITE 600**
CITY-ST-ZIP **MIAMI FL 33126-2022**

TITLE **D** ☐ DELETE
NAME **GODOY, EDUARDO**
STREET ADDRESS **% 5200 BLUE LAGOON DR. SUITE 600**
CITY-ST-ZIP **MIAMI FL 33126-2022**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **Director & Secretary** ☒ Change ☐ Addition
1.2 NAME **Lopez, Albert**
1.3 STREET ADDRESS **c/o 711 Camilo Ave**
1.4 CITY-ST-ZIP **CORAL GABLES, FL 33134**

2.1 TITLE **Director & Treasurer** ☒ Change ☐ Addition
2.2 NAME **Godoy, Eduardo**
2.3 STREET ADDRESS **c/o 711 Camilo Ave.**
2.4 CITY-ST-ZIP **CORAL GABLES, FL 33134**

3.1 TITLE **Dy Herrera, Carlos** ☐ Change ☒ Addition
3.2 NAME **Director & President**
3.3 STREET ADDRESS **c/o 711 Camilo Ave.**
3.4 CITY-ST-ZIP **CORAL GABLES, FL 33134**

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:

Eduardo Godoy (Eduardo Godoy - Treasurer)

4/4/97

305-447-9433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0518577

CR2E034 (9/96)