FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 05 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 # **P96000059665 (5)**

1. Corporation Name
FLORIDA AMBULATORY BEHAVIORAL HEALTH SYSTEMS COR P.

Principal Place of Business
1333 SO MIAMI AVE STE 100
MIAMI FL 33130

Mailing Address
1333 SO MIAMI AVE STE 100
MIAMI FL 33130-4325

3. Date Incorporated or Qualified: 07/17/1996
3a. Date of Last Report:

2. Principal Place of Business (21)
Suite, Apt. #, etc (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number: 65-0686826 — 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

9. Name and Address of Current Registered Agent
DE VARONA, RAUL J
1333 SO MIAMI AVE STE 100
MIAMI FL 33130

10. Name and Address of New Registered Agent
81 Name: SANCHEZ DE VARONA, RAUL J.
82 Street Address (P.O. Box Number is Not Acceptable): 1333 SO. MIAMI AVE, STE 100
83
84 City: MIAMI FL 85 Zip Code: 33130

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, type or print full name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D ☐ DELETE
NAME	DE VARONA, RAUL J
STREET ADDRESS	1333 SO MIAMI AVE STE 100
CITY-ST-ZIP	MIAMI FL 33130
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	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SANCHEZ DE VARONA, ☒ Change ☐ Addition
1.2 NAME	RAUL J.
1.3 STREET ADDRESS	1333 SO. MIAMI AVE, STE 100
1.4 CITY-ST-ZIP	MIAMI, FL 33130
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	

CR2E034 (9/96)

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: 1/14/97 3053770175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #