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Mar 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000059665 (5)

1. Corporation Name

FLORIDA AMBULATORY BEHAVIORAL HEALTH SYSTEMS CORP.

Principal Place of Business

1333 SO MIAMI AVE STE 100
MIAMI FL 33130

Mailing Address

1333 SO MIAMI AVE STE 100
MIAMI FL 33130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/17/1996

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 4649 Ponce de Leon Blvd

Suite, Apt. #, etc.

22 Suite 400

City & State

23 Coral Gables, Florida

Zip

24 33146

25 USA

2a. Mailing Address

26 4649 Ponce de Leon Blvd

Suite, Apt. #, etc.

27 Suite 400

City & State

28 Coral Gables, Florida

Zip

29 33146

30 USA

9. Name and Address of Current Registered Agent

SANCHEZ DE VARONA, RAUL J.
1333 SO MIAMI AVE STE 100
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name

82 Sanchez de Varona, Raul J.

83 Street Address (P.O. Box Number is Not Acceptable)

4649 Ponce de Leon Blvd.

Suite 400

84 City

Coral Gables,

FL

85 Zip Code

33146

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE D ☐ DELETE

NAME SANCHEZ DE VARONA, RAUL J.
STREET ADDRESS 1333 SO MIAMI AVE STE 100
CITY-ST-ZIP MIAMI FL

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. 1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D ☒ Change ☐ Addition

Sanchez de Varona, Raul J.
4649 Ponce de Leon Blvd. Suite 400
Coral Gables, Florida 33146

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. I 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; and that I am authorized 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]

2/26/98

CR2E034 (1097)