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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000060577** 1. Corporation Name

ST. AGUSTIN MENTAL HEALTH CENTER CORP.

Principal Place of Business Mailing Address						-	iles maisin alsin amine a	ILLA H an t J oe t 1981	
4387 W. 16TH AVE. 4387 W. 16TH AVE.									
HIALEAH FL 33012 HIALEAH FL 33012									
						DO NOT WRITE II	DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed			
						07/19/1996			
2. Principal P	Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For	
21	26					65-0684621		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired	\$8.79	5 Additional	
22		27				5. Certifcate of Status Desired	Fee	Required	
City & Stat	City & State	y & State			6. Election Campaign Financing	\$5.0	0 May Be		
23		28				Trust Fund Contribution	Adde	d to Fees	
Zip	Country Zip Cou			ntry	,	8. This corporation owes the current y	ear Intangible		
24	25 29 30					Personal Property Tax.	Yes	□No	
9. Name and Address of Current Registered Agent						10. Name and Address of New Regis	stered Agent		
051				81	Name				
CELIS, WILSON A				82	Ctroot Addro	ss (P.O. Box Number is Not Acceptable)			
9531 SW 38 ST.			İ	02	Street Addres	ss (P.O. Box Number is Not Acceptable)			
, MIAMI FL 33165			Ì	83		· · · · · · · · · · · · · · · · · · ·		3 4	
						<u> </u>			
				84	City		FL 85 Zi	p 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									
40	Signature, typed or printed name of registered agent		_	Agen	et signature required v		ATE	TODO IN 40	
12.	OFFICERS AND DIRECTORS 13.					ADDITIONS/CHANGES TO OFFICE	Chang		
TITLE	05110 1481 0011 4		1.1 TITI					eAddition]	
NAME				1.2 NAME				ļ	
STREET ADORESS	9531 SW 38 ST.		1.3 STF	1.3 STREET ADDRESS				İ	
CITY-ST-ZIP	MIAMI FL 33165		1,4 CIT		T-ZIP				
TITLE	-		2.1 TITI	LE	ļ		☐ Chang	e 🗌 Addition	
NAME			2.2 NA	ΚE					
STREET ADDRESS			2.3 STF	REET	ADDRESS				
CITY-ST-ZIP			2.4 CR	2. 4 CITY-ST-ZIP					
TITLE	•	☐ DELETE 3.11		3.1 TITLE			Chang	e	
NAME			3.2 NAME						
STREET ADDRESS	*		3.3 STREE		ADDRESS				
CITY-ST-ZIP			3.4. CITY-		T-ZIP				
TITLE		☐ DELETE	4.1 TITLE				☐ Chang	e Addition	
NAME	4.2		4. 2 NA	4. 2 NAME				}	
STREET ADDRESS	4.3		4.3 STF	4.3 STREET ADDRESS				}	
CITY-ST-ZIP	1		4.4 CIT	Y-ST	r-zip			1	
TITLE			5.1 TITL				☐ Chang	e Addition	
NAME	ME		5.2 NAM	ИΕ			_ ~	1	
STREET ADDRESS			5.3 STF	REET	ADDRESS				

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 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, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

Change

☐ Addition

FILED

Jan 22, 1999 8:00am

Secretary of State

01-22-1999 90030 041 ***150.00