FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 31 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 # **P96000077633 (1)**

1. Corporation Name
HOLLYWOOD COMMUNITY MENTAL HEALTH, INC.

Principal Place of Business	Mailing Address
515 N. 46TH AVE HOLLYWOOD FL 33021	515 N. 46TH AVE HOLLYWOOD FL 33021-5801

3. Date Incorporated or Qualified: 09/17/1996
3a. Date of Last Report: N/A.

2. Principal Place of Business	2a. Mailing Address
21 5201 HOLLYWOOD BLVD	26 S.A.A
Suite, Apt. #, etc. 22 SUITE #1	Suite, Apt. #, etc. 27 S.A.A
City & State 23 HOLLYWOOD, FLORIDA	City & State 28 S.A.A
Zip / Country 24 33021 / 25 USA	Zip / Country 29 / 30

4. FEI Number: 65-0695275 ☐ 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

PEN-ARIET, ROSENDO R
515 N. 46TH AVE
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name: ROSENDO R. PEÑA-ARIET
82 Street Address (P.O. Box Number is Not Acceptable): 5201 HOLLYWOOD BLVD
83: SUITE #1
84 City: HOLLYWOOD FL 85 Zip Code: 33021.

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: X _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT, TREASURER ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ROSENDO R. PEÑA-ARIET	1.2 NAME	
STREET ADDRESS	515 N. 46 AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	1.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT, SECRETARY ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ROSENDO V. PEÑA-ARIET	2.2 NAME	
STREET ADDRESS	1031 N.W. 164 AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: X Pres 3/24/97 ROSENDO R. PEÑA-ARIET PRESIDENT (954) 987-7879
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #