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FILED

Feb 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 # P96000080950 (4)

1. Corporation Name

RENAISSANCE COMMUNITY MENTAL HEALTH CENTER, INC.



Principal Place of Business

700 NE 26 TER. #801  
MIAMI FL 33137

Mailing Address

700 NE 26 TER. #801  
MIAMI FL 33137-4672

3. Date Incorporated or Qualified  
09/30/1996

3a. Date of Last Report

2. Principal Place of Business

21 9095 SW 87 AVENUE

2a. Mailing Address

26 9095 SW 87 AVENUE

4. FEI Number

65-0697930

Applied For

Not Applicable

22 Suite, Apt. #, etc.  
SUITE 501

27 Suite, Apt. #, etc.  
SUITE 501

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 City & State

MIAMI, FL

28 City & State

MIAMI, FL

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24 Zip

33176

Country

25 U.S.A.

29 Zip

33176

Country

30 U.S.A.

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RIZO, DAYAMI  
700 NE 26 TER. #801  
MIAMI FL 33137

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 SOUTH MIAMI AVENUE

83 SUITE 100

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 typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/31/97

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME RIZO, DAYAMI  
STREET ADDRESS 700 NE 26 TER. #801  
CITY - ST - ZIP MIAMI FL 33137 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-30-97

CR2E034 (9/96)