

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2004 8:00 am**  
**Secretary of State**

05-19-2004 90009 020 \*\*\*550.00

**DOCUMENT # P96000080950**

1. Entity Name  
**RENAISSANCE COMMUNITY MENTAL HEALTH CENTER,  
INC.**



Principal Place of Business

9095 SW 87 AVE  
STE 501  
MIAMI, FL 33176 US

Mailing Address

9095 SW 87 AVE  
STE 501  
MIAMI, FL 33176 US

**34034681**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03012003

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-0697930

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUNN, KENNETH J ESQ.  
11575 HERON BAY BLVD #309  
CORAL SPRINGS, FL 33076

Name **Bernard M. Cassidy, P.A.**

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

**2881 E. Oakland Park Blvd. #310**

City **Ft. Lauderdale**

**FL**

Zip Code  
**33306**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Bernard M. Cassidy**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete  
NAME IGLESIAS, CLAUDIA  
STREET ADDRESS 9095 SW 87 AVE STE #501  
CITY-ST-ZIP MIAMI, FL 33176

TITLE DV ☒ Delete  
NAME YOUNG, CHERYL A  
STREET ADDRESS 3507 LOWSON BLVD  
CITY-ST-ZIP DELRAY BEACH, FL 33445

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President, VP, S, T, D** ☐ Change ☒ Addition  
NAME **Kenneth J. Dunn**  
STREET ADDRESS **9095 SW 87 Ave. Suite 501**  
CITY-ST-ZIP **Miami, FL 33306**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/12/04**

Date

Daytime Phone #