

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000101071 (4)

1. Corporation Name
BAY HARBOR THERAPY CENTER, INC.

Principal Place of Business
1019 KANE CONCOURSE
BAY HARBOR ISLAND FL 33154

Mailing Address
1019 KANE CONCOURSE
BAY HARBOR ISLAND FL 33154

APPROVED
AND
FILED

1997 JUL 24 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

28192



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		30 Country	

3. Date Incorporated or Qualified 12/16/1996	3a. Date of Last Report
4. FEI Number 65-0714133	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BERMAN, LEE 1019 KANE CONCOURSE BAY HARBOR ISLAND FL 33154		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		700002252977-3 -07/30/97-01100-002	
84 City		***165.00 FL ***165.00	

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 Lee Berman DATE 7/16/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D GIBBS, WANDA	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1019 KANE CONCOURSE	1.2 NAME	
STREET ADDRESS	BAY HARBOR ISLAND FL 33154	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D BERMAN, LEE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1019 KANE CONCOURSE	2.2 NAME	
STREET ADDRESS	BAY HARBOR ISLAND FL 33154	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

CR2E034 (4/97)

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Bay Harbor Therapy Center, Inc.
1019 - 96th Street, Suite 206
Bay Harbor Island, Fl. 33154
(305)866-9292

July 16, 1997

Divison Of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, Fl 32302-1500

Dear Sirs:

Our facility has been under construction since last January and we are just now finishing. I did not receive a first notice from you, I'm afraid it must have been tossed by workmen not realizing how important the document.

Since we havn't even officially opened our clinic we were wondering if you would be understanding of our situation and accept our check for \$165.00.

Sincerely,


Wanda M. Gibbs
President

WMG/G