

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

003591

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000005010 (8)

1. Corporation Name

JEROME FELDMAN COMMUNITY MENTAL HEALTH CENTER, I
NC.



Principal Place of Business

430 S. ORANGE BLOSSOM TRAIL
ORLANDO FL 32805

Mailing Address

430 S. ORANGE BLOSSOM TRAIL
ORLANDO FL 32805

115 SHADY BRANCH TRAIL
ORMOND BCH FL 32174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/10/1997

4. FEI Number 59-3411242

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 115 SHADY BRANCH TRAIL
Suite, Apt. #, etc.

22 City & State

27 ORMOND BCH FL 32174
City & State

23 Zip Country

28 ORMOND BCH FL
Zip Country

24 Zip Country

29 32174 30

9. Name and Address of Current Registered Agent

TUMBLESON, J. DOYLE
150-A SOUTH PALMETTO AVENUE
DAYTONA BEACH FL 32118

10. Name and Address of New Registered Agent

81 Name FELDMAN, J.

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

115 SHADY BRANCH TRAIL

83

84 City ORMOND BCH

FL 85 Zip Code 32174

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 Jerome J. Feldman

7-31-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D [] DELETE

NAME FELDMAN, JEROME
STREET ADDRESS 430 S. ORANGE BLOSSOM TRAIL
CITY-ST-ZIP ORLANDO FL 32805

1.1 TITLE [] Change [] Addition

TITLE D [] DELETE

NAME FELDMAN, BONNIE E
STREET ADDRESS 430 S. ORANGE BLOSSOM TRAIL
CITY-ST-ZIP ORLANDO FL 32805

1.2 NAME [] Change [] Addition

TITLE D [] DELETE

NAME FELDMAN, LAUREN A
STREET ADDRESS 430 S. ORANGE BLOSSOM TRAIL
CITY-ST-ZIP ORLANDO FL 32805

1.3 STREET ADDRESS [] Change [] Addition

TITLE [] DELETE

NAME [] DELETE
STREET ADDRESS [] DELETE
CITY-ST-ZIP [] DELETE

1.4 CITY-ST-ZIP [] Change [] Addition

TITLE [] DELETE

NAME [] DELETE
STREET ADDRESS [] DELETE
CITY-ST-ZIP [] DELETE

2.1 TITLE [] Change [] Addition

TITLE [] DELETE

NAME [] DELETE
STREET ADDRESS [] DELETE
CITY-ST-ZIP [] DELETE

2.2 NAME [] Change [] Addition

TITLE [] DELETE

NAME [] DELETE
STREET ADDRESS [] DELETE
CITY-ST-ZIP [] DELETE

2.3 STREET ADDRESS [] Change [] Addition

2.4 CITY-ST-ZIP [] Change [] Addition

3.1 TITLE [] Change [] Addition

3.2 NAME [] Change [] Addition

3.3 STREET ADDRESS [] Change [] Addition

3.4 CITY-ST-ZIP [] Change [] Addition

4.1 TITLE [] Change [] Addition

4.2 NAME [] Change [] Addition

4.3 STREET ADDRESS [] Change [] Addition

4.4 CITY-ST-ZIP [] Change [] Addition

5.1 TITLE [] Change [] Addition

5.2 NAME [] Change [] Addition

5.3 STREET ADDRESS [] Change [] Addition

5.4 CITY-ST-ZIP [] Change [] Addition

6.1 TITLE [] Change [] Addition

6.2 NAME [] Change [] Addition

6.3 STREET ADDRESS [] Change [] Addition

6.4 CITY-ST-ZIP [] Change [] Addition

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.

SIGNATURE: Jerome J. Feldman 7-31-98 9046728810

CR2E034 (5/98)