FILE NOW! FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED Jun 03 1998 8:00am Secretary of State

966-6181

1990			→		
DOCUMENT # P17000041759					
Pin Gent Community Mental					
Hea	IK Center PHP				
Principal Place of Business Mailing Address			7		
7100 Pines Blud					
C 9/			DO NOT WRITE IN THI	S SPACE	
Per 100/4 / Per F/ 33024			3. Date Incorporated or Qualified		
2. Principal Place of Business 28. Mailing Address			3 -/ 3 - 9 /	1 14	
21 26			65-0762/26	Applied For Not Applicable	
Suite Apt #, etc Suite, Apt # etc.			E. Cartificate of State of Spacing	\$8.75 Additional	
27			5. Cortificate of Status Desired	Fee Required	
City & Star	28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country Zip 29	Country 30	 This corporation owes or has paid the of Personal Property Tax due June 30. 	urrent year Intangible	
	9. Name and Address of Current Registered Agent		10. Name and Address of New Registere		
JO5.	Pohine Hunte				
2001	Allibus of	82 Street Addr	82 Street Address (P.O. Box Number is Not Acceptable)		
3304	HIOIS CUO FI	83	R2		
Muranar F/ 33023					
		84 City	F	E 85 Zip Code	
11. Pursuant	to the provisions of Sections 607 0502 and 607 1508. Florida Statutes registered agent, or both, in the State of Florida. Such change was au	s, the above-named corp	poration submits this statement for the purpose	of changing its registered	
agent 1 a	registered agent, or both, in the State of Florida, Such change was au am familiar with, and accept the obligations of, Section 607 0505, Flori	ithorized by the corporati ida Statutes.	ion's board of directors, I hereby accept the ap	ipointment as registered	
SIGNATURE				·	
12.	Signature Types or prified han elot registered agent and the Happlicable (NOTE) OFFICERS AND DIRECTORS	Registered Agent signature require 13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12	
TITLE	President DELETE	1.1 TITLE		Change Addition	
NAME	Josephine Hunte	1 2 NAME		{	
STREET ADDRESS	3504 HIDISGIS Place	1 3 STREET ADDRESS			
CITY - ST - ZIP	Mananak Fl 33023	1 4 City - ST - ZIP 2 1 TITLE		Change Addition	
TITLE	The president	2 2 NAME		Change Li Kuunusi	
STREET ADDRESS	3504 Hibis cue PT	23 STREET ADDRESS			
Dity-St-3P	Miranar F/ 33023	2 4 CITY-ST-ZIP			
brite	Sig / Treasury DELETE	3 1 TITLE		Change	
YAME	belmo Carmita, Hunle	3 2 NAME			
STREET ADDRESS	3504 H1615cms P1	3 3 STREET ADDRESS			
DITY-ST ZIP	Mulanar F/ 33023	3.4 CITY - ST - ZIP		☐ Change ☐ Addition	
NAME		4 2 NAME			
STREET ADDRESS		4 3 STREET ADDRESS		j	
DITY-ST-DIP		4.4 CiTY - ST - ZIP			
THE	☐ DELETE	5.1 TITLE	1 (**) (**) (**) (**) (**) (**) (**)	Change Addition	
NAME	}	5 2 NAME	1000025470 -06/04/9801012		
STREET ADDRESS		5 3 STREET ADDRESS 5 4 CITY - ST - ZIP	***150.00	011	
TITLE	☐ DELETE	61 TITLE		Change Adultion	
NAME		6 2 NAME	1000025470	J61 //.	
STREET ADDRESS		6 3 STREET ADDRESS	-06/04/9801012 ***8.75	$\rho_{18} = \lambda (\% h)$	
CITY - ST - ZIP		6 4 CHTY - ST - ZIP		1 0/1	
14. Thereby certify that the information supplied with this filling 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 eath; 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 il changed, or on an attachment with an address.					