05-10-1999 90083 033 ***150.00

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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000041759

1. Corporation Name

Principal Place of Business

PINE CREST COMMUNITY MENTAL HEALTH CENTER PARTIA L HOSPITALIZATION PROGRAM, INC.

7100 PINES BL SUITE 21 PEMBROKE PIN		7100 PINES BLVD. SUITE 21 PEMBROKE PINES FL 33024	ļ		DO NOT W 3. Date Incorporated or Qualif 05/07/1997	VRITE IN THIS S	SPACE	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		Apı	plied For
21		26			65-0762126		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A	
22		27			5. Certificate of Status Desired		Fee Re	quired
City & Stat	te	City & State			6. Election Campaign Financin	ng [T]	\$5.00	May Be
23		28			Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip	Country		8. This corporation owes the o		ngible	. ⊬:.
24	25		30		Personal Property Tax.			No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of Ne	w Registered A	gent	
LIER	NTE, JOSEPHINE		81	Name				
	4 HIBISCUS PL .		82	Street Add	Iress (P.O. Box Number is Not Acce	eptable)		
	4 MB13003 FE . AMAR FL 33023							
INITE	AWAR FL 33023		83					
			84	City		E1	85 Zip C	ode
office or r		a af Clasida. Éuch chanca was su	thorizod bert	the comorati	ion's beard of directors I hereby ac	cept the appoint	ment as reg	jistered
SIGNATURE	Signature, typed or priviled name of registered ag-	gent and the if applicable. (NOTE: I	Regis ered Agent	pesa	ed when reinstating)	SATE	77_	
SIGNATURE	Signature, typed or prigration name of registered ago	pentand life if applicable. (NOTE: I	Registered Agent	pesa	dent)	OFFICERS AND	DIRECTO	RS IN 12
SIGNATURE 12. TITLE	Signature, typed or privide name of registered age OFFICERS A	gent and the if applicable. (NOTE: I	Registered Agent 13. 1.1 TITLE	pesa	ed when reinstating)	OFFICERS AND	77_	
SIGNATURE 12. TITLE NAME	Signature, typed or privide name of registered ag OFFICERS A HUNTE, JOSEPHINE	pentand life if applicable. (NOTE: I	Registered Agent 13. 1.1 TITLE 1.2 NAME	t signature require	ed when reinstating)	OFFICERS AND	DIRECTO	RS IN 12
SIGNATURE 12. TITLE	Signature Typed or printing name of registered age OFFICERS A UP HUNTE, JOSEPHINE 3504 HIBISCUS PLACE	pentand lie if applicable. (NOTE: I	13. 1.1 TITLE 1.2 NAME 1.3 STREET	t'signature require	ed when reinstating)	OFFICERS AND	DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature: Typed or prijudu name of registered age OFFICERS A UP HUNTE, JOSEPHINE 3504 HIBISCUS PLACE MIRAMAR FL 33023	penulad die if applicable. (NOTE: IND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	t'signature require	ed when reinstating)	OFFICERS AND	DIRECTO Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature: Typed or prijudu name of regustered age OFFICERS A IP HUNTE, JOSEPHINE 3504 HIBISCUS PLACE MIRAMAR FL 33023 V	pentand lie if applicable. (NOTE: I	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE	t'signature require	ed when reinstating)	OFFICERS AND	DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature: Typed or prijulgu name of registered age OFFICERS A UP HUNTE, JOSEPHINE 3504 HIBISCUS PLACE MIRAMAR FL 33023 V HUNTE, JAUNTA	penulad die if applicable. (NOTE: IND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY- ST 2.1 TITLE 2.2 NAME	t'signature require ADDRESS J-ZIP	ed when reinstating)	OFFICERS AND	DIRECTO Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or privide name of registered age OFFICERS A P HUNTE, JOSEPHINE 3504 HIBISCUS PLACE MIRAMAR FL 33023 V HUNTE, JAUNTA 3504 HIBISCUS PLACE	penulad die if applicable. (NOTE: IND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 2.1 TITLE 2.2 NAME 2.3 STREET	ADDRESS ADDRESS ADDRESS	ed when reinstating)	OFFICERS AND	DIRECTO Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or privide name of registered age OFFICERS A P HUNTE, JOSEPHINE 3504 HIBISCUS PLACE MIRAMAR FL 33023 V HUNTE, JAUNTA 3504 HIBISCUS PLACE MIRAMAR FL 33023	perundative if applicable. (NOTE: IND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST	ADDRESS ADDRESS ADDRESS	ed when reinstating)	OFFICERS AND	DIRECTO Change	RS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature: Typed or printing name of regulared age OFFICERS A IP HUNTE, JOSEPHINE 3504 HIBISCUS PLACE MIRAMAR FL 33023 V HUNTE, JAUNTA 3504 HIBISCUS PLACE MIRAMAR FL 33023 S/T	penulad die if applicable. (NOTE: IND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE	ADDRESS ADDRESS ADDRESS	ed when reinstating)	OFFICERS AND	DIRECTO Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Signature: Typed or printing name of regulared age OFFICERS A IP HUNTE, JOSEPHINE 3504 HIBISCUS PLACE MIRAMAR FL 33023 V HUNTE, JAUNTA 3504 HIBISCUS PLACE MIRAMAR FL 33023 S/T HUNTE-CARMETA, GILMO	perundative if applicable. (NOTE: IND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE 3.2 NAME	ADDRESS 5-ZIP ADDRESS 1-ZIP	ed when reinstating)	OFFICERS AND	DIRECTO Change	RS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature of regular name of regulared age of FICERS A OFFICERS A	perundative if applicable. (NOTE: IND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS	ed when reinstating)	OFFICERS AND	DIRECTO Change	RS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature: Typed or printing name of regulared age OFFICERS A IP HUNTE, JOSEPHINE 3504 HIBISCUS PLACE MIRAMAR FL 33023 V HUNTE, JAUNTA 3504 HIBISCUS PLACE MIRAMAR FL 33023 S/T HUNTE-CARMETA, GILMO	penuland place (NOTE: IND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-ST 3.4 CITY-ST	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS	ed when reinstating)	OFFICERS AND	DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE	Signature of regular name of regulared age of FICERS A OFFICERS A	perundative if applicable. (NOTE: IND DIRECTORS DELETE	Registered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-ST 4.1 TITLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS	ed when reinstating)	OFFICERS AND	DIRECTO Change	RS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Signature of registered age of registered age of FICERS A OFFICERS	penuland place (NOTE: IND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-ST 4.1 TITLE 4.2 NAME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	ed when reinstating)	OFFICERS AND	DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature of registered age of registered age of FICERS A OFFICERS	penuland place (NOTE: IND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-SI 4.1 TITLE 4.2 NAME 4.3 STREET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	ed when reinstating)	OFFICERS AND	DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature of registered age of registered age of FICERS A OFFICERS	per Land glie if applicable. (NOTE: IND DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-ST 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	ed when reinstating)	OFFICERS AND	DIRECTO Change Change	RS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature of registered age of registered age of FICERS A OFFICERS	penuland place (NOTE: IND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-ST 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	ed when reinstating)	OFFICERS AND	DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature of registered age of registered age of FICERS A OFFICERS	per Land glie if applicable. (NOTE: IND DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-SI 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	ed when reinstating)	OFFICERS AND	DIRECTO Change Change	RS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	Signature of registered age of registered age of FICERS A OFFICERS	per Land glie if applicable. (NOTE: IND DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-ST 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET 5.3 STREET 5.3 STREET 5.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET 5.3 STREET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS T-ZIP	ed when reinstating)	OFFICERS AND	DIRECTO Change Change	RS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature of registered age of registered age of FICERS A OFFICERS	perund die if applicable. (NOTE: IND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-ST 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST 5.4 CITY-ST 5.5 TITLE 5.5 NAME 5.5 STREET 5.6 CITY-ST 5.7 TITLE 5.7 NAME 5.7 NAME 5.8 STREET 5.8 CITY-ST 5.9 C	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS T-ZIP	ed when reinstating)	OFFICERS AND	D DIRECTO Change Change Change Change	RS IN 12 Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	Signature of registered age of registered age of FICERS A OFFICERS	per Land glie if applicable. (NOTE: IND DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-ST 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET 5.3 STREET 5.3 STREET 5.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET 5.3 STREET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS T-ZIP	ed when reinstating)	OFFICERS AND	DIRECTO Change Change	RS IN 12 Addition Addition Addition

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP