

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

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **P97000047548(7)**
1. Corporation Name
**Florida Community Mental Health
Center INC**

Principal Place of Business: **14421 Country walk Dr.
Miami, FL 33186**
Mailing Address: **14364 SW 169 St.
Miami, FL 33177**

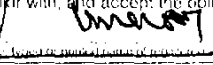
FILED
30 AUG 10 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|------------------|-------------------------|------------------|--|-------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 05/29/1997 | |
| 21. Suite, Apt. #, etc. | 22. City & State | 26. Suite, Apt. #, etc. | 27. City & State | 4. FEI Number 65-0759319 | Applied For Not Applicable |
| 23. Zip | 25. Country | 29. Zip | 30. Country | 5. Certificate of Status Desired <input checked="" 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 type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | |
|---|--|--|--|--|---------------------------|
| 9. Name and Address of Current Registered Agent Hernandez Zoila America 14364 SW 169th Street Miami, FL 33177 | | | | 10. Name and Address of New Registered Agent | |
| | | | | 81. Name | |
| | | | | 82. Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | 83. | |
| | | | | 84. City | 85. Zip Code FL |

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  (PRINT Name of Registered Agent, Signature required when registering) (DATE)

| | | | | | | | |
|----------------------------|-----------------------------------|--|---------------|---|----------|--------------------|-------------------|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | NAME | STREET ADDRESS | CITY- ST- ZIP | 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY- ST- ZIP |
| | PD HERNANDEZ ZOILA America | 14364 SW 169 St. Miami FL 33177 | | | | | |
| TITLE | NAME | STREET ADDRESS | CITY- ST- ZIP | 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY- ST- ZIP |
| | VD RIVERA Jorge E | 9187 Fontaine Blue Blvd Miami, FL 33172 | | | | | |
| TITLE | NAME | STREET ADDRESS | CITY- ST- ZIP | 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY- ST- ZIP |
| | | | | | | | |
| TITLE | NAME | STREET ADDRESS | CITY- ST- ZIP | 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY- ST- ZIP |
| | | | | | | | |
| TITLE | NAME | STREET ADDRESS | CITY- ST- ZIP | 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY- ST- ZIP |
| | | | | | | | |
| TITLE | NAME | STREET ADDRESS | CITY- ST- ZIP | 6.1 TITLE | 6.2 NAME | 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 or changed, or on an attachment with an address.

SIGNATURE  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day Year Month

CR2E034 (10/97)



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

July 27, 1998

FLORIDA COMMUNITY MENTAL HEALTH CENTER, INC.
14421 S.W. COUNTRY WALK DR.
MIAMI, FL 33186

SUBJECT: FLORIDA COMMUNITY MENTAL HEALTH CENTER, INC.
Ref. Number: P97000047548

Please be advised, we have received your Annual Report; however, the document has not been filed and is being returned for the following:

The fee to file the enclosed annual report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Tyrone Scott
Document Specialist


Letter Number: 098A00039414

*As per your request, please find a form
filed find ch # 1359 for \$ 158.75 for
fee & status report -*

A copy of previous form is attached

Thank you

DW: FILING FEE AFTER MAY 1ST IS \$550.00

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| PROFIT RATION REPORT 18 |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|----------------------------------|--|

IDENT # P97000047548 (7)
COMMUNITY MENTAL HEALTH CENTER, INC.

Ch 1197
3/30/98

Previous
Mailed



Business Mailing Address
STREET 14364 S.W. 169TH STREET
MIAMI FL 33177

DO NOT WRITE IN THIS SPACE

| | |
|--|-----------------------------------|
| 3. Date Incorporated or Qualified 05/29/1997 | |
| 4. FEI Number | 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 |

| | | | |
|---|--|--|-------------|
| Name Address of Current Registered Agent ANDEZ, ZOILA A S.W. 169TH STREET FL 33177 | | 10. Name and Address of New Registered Agent | |
| 81 | Name | | |
| 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| 83 | | | |
| 84 | City | FL | 85 Zip Code |

I hereby certify that the above-named corporation submits this statement for the purpose of changing its 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, and accept the obligations of, Section 607.0505, Florida Statutes.

| NAME, typed or printed name of registered agent and title if applicable. | (NOTE: Registered Agent signature required when reinstating) | DATE |
|--|--|-----------------|
| OFFICERS AND DIRECTORS | | |
| 1. NAME ANDEZ, ZOILA A 14364 S.W. 169TH STREET MIAMI FL 33177 | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | Change Addition |
| 2. NAME RIVERA, GEORGE E 14364 S.W. 169TH STREET MIAMI FL 33177 | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | Change Addition |
| 3. NAME [Empty] | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | Change Addition |
| 4. NAME [Empty] | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | Change Addition |
| 5. NAME [Empty] | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | Change Addition |
| 6. NAME [Empty] | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | Change Addition |

I 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 in 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 13 if changed, or on an attachment with an address.

E. [Signature]

CR2E034 (10/97)