## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATIC STATEME				OA DEPAR Katheri Secretar DIVISION OF C	ine Ha ry of S	<b>arris</b> State				FILED		
OCL Corpora	JMENT	1872	8724					01 MAR -2 AM II: 4 SECRETARY OF STATE TALLAHASSEE, FLORIDA	0				
AVENTURA BEHAVIORAL CENTER, INC.										f	TALLAHASSEE, FLORIDA	4	
					Malling Office Address 3499 Biscaune Bluds.				1				
ulte, Apt. #		<u>t</u>		Suite, Apt.	Suite, Apt. #, etc. Suite * 102					4. Date Incorporated or Qualified To Do Business in Florida			
ily & State <b>以; ≥</b> ∙		FLC	orida	Mian	Mizmi, Florida					5. FEI Number Applied For Not Applied For Not Applied For			
33)	(	Country		Zip 331	ر8	Coun	ntry ,	əke	6.		E OF STATUS DESIRED S8.75 Additional F for a Certificate	Fee required	
					Name and A	Address	s of Curr	rent Regis	tered Age	int .			
	Name Antonio Macli											•	
	Street Address (P.O. Box Number is Not Acceptable)								29.3 <i>6</i> 5	TO SE SE	والرا بالمقادسة فيقا		
	Sulle, Apt. 4, Etc.  X 102								8880	6646	TERRIT UD-Ç	73	
	Cliv	ion	· · · · · · · · · · · · · · · · · · ·							i	State Zip Code FL - 33/8/	•	
. I, being	appointed the re	egistere	d agent of the abor	ve named con	possition, and	jamiliar	with and	accept the	obligation	ns of section	on 607.0505 or 617.0503, F.S.		
ignature of egistered A		toward						Date 02-26-01					
-			/^/ RE	GISTERED A	GENT MUST	T SIGN							
• Names	and Street Addr		of Each Officer and/	/or/Director (F	Florida nonpro	<u> </u>				ectors)	T		
Titles	^	Officers	Name of s and/or-Directors		•		Officer an	Idress of Ea nd/or Direct	tor ≂-	-	City / State / Zip		
$\rho$	Anton	110	Macli		134	199	<u>Bb</u>	ayne	BW	#102	N.Mami, FC 33	181	
		-											
						<del>-</del>				ε	3000 <u>0382785</u> 8	; <u> </u>	
			· · · · · · · · · · · · · · · · · · ·		-						-03/09/0101935- ****908.75 ****	<del>-012-</del> 308.75	
			<del> </del>										
					-			•	* 55 S	S E	1		
				<u> </u>				^^	A STATE OF THE PROPERTY OF THE	لمستناث			
this rein	nstatement appl	dication, to on have t	director or the recei- the reason for disso been paid and the r accurate, and my si	solution has be names of indiv	een eliminated Ividuals listed (	d, the cou	orporate n form do n	nam ( )	the red	quirements	apter 607 or 617, F.S. I further certify that whe s of section 607.0401 or 617.0401, F.S., that a der section 119.07(3)(i), F.S. The information i	all tees	
OLONIA:	TUNE.	-1.	Hinth	tinat 1%	Descript.	4	المر			al:	a7loi	_	
SIGNA	TUHE:	NATURE	E AND TYPED OR PRI	INTED NAME (	OF SIGNING OF	FFICER (	OR DIREC	:TOR			Date Daytime Phone #		