

P970000 56943

Central Florida Behavioral
Requestor's Name

409 E. Central Avenue
Address

Winter Haven, FL 32308
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

FILED
91 OCT 22 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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-10/22/97--01053--015
*****35.00 *****35.00

R.A. Charge

10-24-97

Examiner's Initials

LFJ

CENTRAL FLORIDA BEHAVIORAL
409 East Central Avenue
Winter Haven Fl, 32308

RECEIVED
97 SEP 25 AM 9:43
DIVISION OF CORPORATIONS

~~X-1053-2267, 767*~~



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

September 30, 1997

CENTRAL FLORIDA BEHAVIORAL CENTER, INC.
409 East Central Avenue
Winter Haven, FL 32308

SUBJECT: CENTRAL FLORIDA BEHAVIORAL CENTER, INC.
Ref. Number: P97000056943

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

The fee to file your document is \$35.

If you have any questions concerning this matter, please either respond in writing or call (850) 487-6910.

Louise Flemming-Jackson
Corporate Specialist Supervisor

Letter Number: 497A00048187

Florida Department of State, Sandra B. Mortham, Secretary of State

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of _____ submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: CENTRAL FLORIDA BEHAVIORAL CENTER, INC.
2. The mailing address of the corporation is: C/O LAW OFFICES OF RAUL J SANCHEZ DE VARONA
1333 SOUTH MIAMI AVE SUITE 303 MIAMI FL 33130
3. Date of incorporation/qualification: JUNE 27, 1997 Document number: P97000056943
4. The name and address of the current registered agent and office:

C/O LAW OFFICES OF RAUL J SANCHEZ DE VARONA
1333 SOUTH MIAMI AVE SUITE 303 MIAMI FL 33130

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

CAMILO DIAZ
2180 BRICKELL AVE # 11
MIAMI FL 33129

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

(Signature of an officer, chairman or vice chairman of the board)

9/22/97
(Date)

CAMILO DIAZ (PRESIDENT)

(Printed or typed name and title)

(Date)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

Camilo Diaz
(Typed or Printed Name)

(Capacity)

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TALLAHASSEE, FLORIDA