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

FILED
Jun 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000056943 (8)

1. Corporation Name
CENTRAL FLORIDA BEHAVIORAL CENTER, INC.

Principal Place of Business	Mailing Address
% LAW OFFICES OF RAUL J. SANCHEZ DE VERONA 1333 SOUTH MIAMI AVENUE. SUITE 303 MIAMI FL 33130	% LAW OFFICES OF RAUL J. SANCHEZ DE VERONA 1333 SOUTH MIAMI AVENUE. SUITE 303 MIAMI FL 33130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/27/1997
4. FEI Number: 65-0764909 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 1060 Sunset Strip	26
Suite, Apt #, etc. 22 A	Suite, Apt #, etc. 27
City & State 23 Sunrise, FL	City & State 28
Zip 24 33313 Country 25 Broward	Zip 29 Country 30

9. Name and Address of Current Registered Agent

DIAZ, CAMILO
2180 BRICKELL AVENUE, #11
MIAMI FL 33129

10. Name and Address of New Registered Agent

81 Name: Joseph Cuti
82 Street Address (P.O. Box Number is Not Acceptable): 6670 Via Regina Dr.
83 Boca Raton, FL.
84 City: FL 85 Zip Code: 33433

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 [signature] Joseph Cuti 4/30/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	Director	☐ Change ☒ Addition
NAME	DIAZ, CAMILO		1.2 NAME	Joseph Cuti	
STREET ADDRESS	1333 SOUTH MIAMI AVENUE, SUITE 303		1.3 STREET ADDRESS	1333 South Miami Ave. Suite 303	
CITY-ST-ZIP	MIAMI FL 33130		1.4 CITY-ST-ZIP	Miami, FL. 33130	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	200002555442	
STREET ADDRESS			6.3 STREET ADDRESS	-06/15/98--01036--030	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***150.00	

CR2E034 (10/97)

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.

SIGNATURE: [signature] Joseph Cuti 4/30/98