

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90093 021 ***158.75

DOCUMENT # P98000072739

1. Corporation Name

BEHAVIORAL NETWORK OF FLORIDA, INC.

Principal Place of Business

9495 SUNSET DRIVE
SUITE B 235
MIAMI FL 33015

Mailing Address

9495 SUNSET DRIVE
SUITE B 235
MIAMI FL 33015

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/20/1998

4. FEI Number

650867370

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 7765 SW 87 AVE

Suite, Apt. #, etc.

22 110

City & State

23 MIAMI FL

Zip Country

24 33173 25 USA

2a. Mailing Address

26 7765 SW 87 AVE

Suite, Apt. #, etc.

27 110

City & State

28 MIAMI FL

Zip Country

29 33173 30 USA

9. Name and Address of Current Registered Agent

MIAMI CORPORATE SYSTEMS, INC.
5200 BLUE LAGOON DRIVE
SUITE 700
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name

MERCEDES HERNANDEZ

82 Street Address (P.O. Box Number is Not Acceptable)

7765 SW 87 AVE

83 #110

84 City

MIAMI

FL

85 Zip Code

33173

11. Pursuant to the provisions of Sections 607.0502 and 607.1808, 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

Mercy Hernandez

Signature Required for principal, Secretary, Treasurer, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/27/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D HERNANDEZ, MERCY

STREET ADDRESS 9495 SUNSET DRIVE SUITE B 235

CITY-ST-ZIP MIAMI FL 33015

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

MERCEDES HERNANDEZ
7765 SW 87 AVE #110
MIAMI FL 33173

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

Mercy Hernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

Date

305 598 3440

Daytime Phone #

CR2E034 (11/98)