

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

FILED

Jan 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # V26982 (1)

1. Corporation Name  
MEDICAL MENTAL HEALTH CENTER P.A.

Principal Place of Business  
625 SOUTH DIXIE #8  
LAKE WORTH FL 33460

Mailing Address  
625 SOUTH DIXIE #8  
LAKE WORTH FL 33460-4977  
US

3. Date Incorporated or Qualified 04/06/1992  
3a. Date of Last Report 06/13/1996

4. FEI Number APPLIED FOR 65-032 9043  
Applied For Not Applicable

5. Certificate of Status Desired ☐ NO \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ NO \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business  
21 625 S. DIXIE  
Suite, Apt. #, etc. Suite 8  
22 City & State LAKE WORTH FL  
23 Zip 33460 Country USA  
24 25 29 30

9. Name and Address of Current Registered Agent  
JOURDAN, J.B. RAYMOND, M.D.  
625 SOUTH DIXIE #8  
625 S. DIXIE HWY SUITE 8  
LAKE WORTH FL 33460

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

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 *Jean-Baptiste Raymond Jourdan* JEAN-BAPTISTE RAYMOND JOURDAN  
Signature typed in block 12 or 13 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 1-9-97

12. OFFICERS AND DIRECTORS  
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 ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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: *Jean-Baptiste Raymond Jourdan* 1/9/97 588-7286  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)