

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 770177

(4)

1. Corporation Name
THE MENTAL HEALTH CARE CENTER OF THE LOWER KEYS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:22

Principal Place of Business

1205 4TH STREET
KEY WEST FL 33041-7488

Mailing Address

1205 4TH STREET
KEY WEST FL 33041-7488

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/09/1983	3a. Date of Last Report 02/15/1994
4. FEI Number 59-2331362	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country

2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country

9. Name and Address of Current Registered Agent

**WOLFE, MARSHAL
1205 FOURTH ST
KEY WEST FL 33040**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code
FL

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: *Marshal Wolfe*

MARSHAL WOLFE EXEC. DIRECTOR /-25-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PD	NAME: CROWLEY, MAUREEN	STREET ADDRESS: 5901 COLLEGE ROAD	CITY-ST-ZIP: KEY WEST FL 33040
TITLE: VD	NAME: RUSSELL, TERESA	STREET ADDRESS: 1075 DUVAL ST.	CITY-ST-ZIP: KEY WEST FL 33040
TITLE: SD	NAME: CURRY, MERLIN	STREET ADDRESS: 801 EMMA ST. APT. D	CITY-ST-ZIP: KEY WEST FL 33040
TITLE: YD	NAME: RASMUS, REV. PAUL	STREET ADDRESS: 401 DUVAL ST.	CITY-ST-ZIP: KEY WEST FL 33040
TITLE: MD	NAME: MAGILL, MARY	STREET ADDRESS: 5031 5TH AVE B-18	CITY-ST-ZIP: KEY WEST FL 33040
TITLE: MD	NAME: DECASTRO, GUARIONEX	STREET ADDRESS: 3426 N ROOSEVELT BLVD	CITY-ST-ZIP: KEY WEST FL 33040

1.1 TITLE: MD	1.2 NAME: PETER ILCHUK	1.3 STREET ADDRESS: 915 ANGELA ST.	1.4 CITY-ST-ZIP: KEY WEST, FL. 33040	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE: MD	2.2 NAME: JOE PINDER	2.3 STREET ADDRESS: P.O. Box 1181	2.4 CITY-ST-ZIP: KEY WEST, FL. 33040	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE: MD	3.2 NAME: JACK NILES	3.3 STREET ADDRESS: 2432 FLAGLER AVE.	3.4 CITY-ST-ZIP: KEY WEST, FL. 33040	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE: MD	4.2 NAME: Rick Roth	4.3 STREET ADDRESS: P.O. Box 1269	4.4 CITY-ST-ZIP: KEY WEST, FL. 33041	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE: MD	5.2 NAME: MARY Magill	5.3 STREET ADDRESS: 5031 5th Ave B-18	5.4 CITY-ST-ZIP: KEY WEST, FL. 33040	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE: MD	6.2 NAME: Millie Schneck	6.3 STREET ADDRESS: 113 9th Ave.	6.4 CITY-ST-ZIP: Summerland Key, FL. 33042	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes, I further certify that I am an officer or director of the corporation or the trustee or trustee emeritus to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if chairman or officer or trustee with an address.

SIGNATURE: *Marshal Wolfe*

1/25/94 (305) 292-6815