

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742508

Entity Name: DOUGLAS GARDENS COMMUNITY MENTAL HEALTH CENTER
OF MIAMI BEACH, INC.**FILED**
Feb 24, 2014
Secretary of State
CC7459581365**Current Principal Place of Business:**1680 MERIDIAN AVENUE
SUITE 501
MIAMI BEACH, FL 33139**Current Mailing Address:**1680 MERIDIAN AVENUE
SUITE 501
MIAMI BEACH, FL 33139**FEI Number: 59-1923396****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**BRADY, DANIEL
1680 MERIDIAN AVENUE
SUITE 501
MIAMI BEACH, FL 33139 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	BRYN, KRISTINA
Address	9120 W. BAY HARBOR DRIVE APT. #4 B
City-State-Zip:	BAY HARBOR FL 33154

Title	VP
Name	PHILIP , STEVE
Address	2632 HOLLYWOOD BLVD #101
City-State-Zip:	HOLLYWOOD FL 33020

Title	ED
Name	BRADY, DANIEL
Address	1680 MERIDIAN AVENUE, SUITE 501
City-State-Zip:	MIAMI FL 33139

Title	SD
Name	YASBIN, EILEEN R. ESQ.
Address	16211 NE 12TH COURT
City-State-Zip:	NORTH MIAMI BEACH FL 33162

Title	TD
Name	MORRISSEY, PHILIP F.
Address	185 SW 8TH STREET 3509
City-State-Zip:	MIAMI FL 33130

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DANIEL BRADY**CEO****02/24/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date