

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004564

FILED
Jan 04, 2006
Secretary of State

Entity Name: CRAWFORD CENTER, INC.

Current Principal Place of Business:

3521 W. BROWARD BLVD
3RD FLOOR
FT. LAUDERDALE, FL 33312 US

New Principal Place of Business:

Current Mailing Address:

3521 W. BROWARD BLVD
3RD FLOOR
FT. LAUDERDALE, FL 33312 US

New Mailing Address:

FEI Number: 65-0610247 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENENDEZ, MANUEL
3521 WEST BROWARD BLVD
STE 300
FORT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: ED () Delete
Name: MENENDEZ, MANUEL
Address: 8780 SW 122ND ST
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: MYRTETUS, PETER
Address: 2828 CORAL WAY PATHS 2
City-St-Zip: MIAMI, FL 33145

Title: D () Delete
Name: TEASDALE, RON
Address: 6620 SW 77 TERR
City-St-Zip: MIAMI, FL 33143

Title: DV () Delete
Name: SUAREZ, CARLOS MD
Address: 724 ALHAMBRA CIR
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: FALLA, ENRIQUE
Address: 527 SABLE PALM DR.
City-St-Zip: KEY BISCAVNE, FL 33149

Title: DC () Delete
Name: BICHARRA, BLANCA
Address: 2277 NW 82 AVENUE
City-St-Zip: MIAMI, FL 33122

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MANUEL E. MENENDEZ

ED

01/04/2006

Electronic Signature of Signing Officer or Director

Date