

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000042608

FILED
Apr 05, 2009
Secretary of State

Entity Name: COMPLETE CARE CENTER OF MIAMI, INC.

Current Principal Place of Business:

1301 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

1301 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 51-0500944

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENDOZA, LIZ BETH
1301 PONCE DE LEON BLVD
4TH FLOOR
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

MENDOZA, LIZ BETH
1301 PONCE DE LEON BLVD
CORAL GABLES, FL 33134 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:

04/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: MENDOZA, LIZBETH
Address: 3620 NW 16 TERR
City-St-Zip: MIAMI, FL 33125

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: MENDOZA, LIZBETH
Address: 3620 NW 16 TERR
City-St-Zip: MIAMI, FL 33125 US

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LIZBETH MENDOZA

PSTD

04/05/2009

Electronic Signature of Signing Officer or Director

Date