

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 756184

**Entity Name:** NEW HORIZONS COMMUNITY MENTAL HEALTH CENTER, INC

**Current Principal Place of Business:**

1469 NW 36TH STREET  
MIAMI, FL 33142

**Current Mailing Address:**

1469 NW 36TH STREET  
MIAMI, FL 33142 US

**FEI Number:** 59-2055751

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

BESTMAN, EVALINA PHD  
1469 NW 36TH STREET  
MIAMI, FL 33142 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:** EVALINA BESTMAN

04/26/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name KELLEY, WILLIAM M  
Address 1469 NW 36TH STREET  
City-State-Zip: MIAMI FL 33142

Title VD  
Name MACK, JAMAL  
Address 1469 NW 36TH STREET  
City-State-Zip: MIAMI FL 33142

Title TD  
Name BALTAGI, LABIB  
Address 1469 N.W. 36TH ST  
City-State-Zip: MIAMI FL 33142

Title SD  
Name JONES-WILFORK, BOBBIE  
Address 1469 N.W. 36TH ST  
City-State-Zip: MIAMI FL 33142

*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:** WILLIAM M KELLEY

PD

04/26/2013

Electronic Signature of Signing Officer/Director Detail

Date