

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000006468

**Entity Name:** SOUTH FLORIDA MENTAL HEALTH COUNSELORS ASSOCIATION, INC.

**FILED**  
**Apr 29, 2024**  
**Secretary of State**  
**4618707912CC**

**Current Principal Place of Business:**

12550 BISCAYNE BLVD  
SUITE 306  
MIAMI, FL 33181

**Current Mailing Address:**

PO BOX 830232  
MIAMI, FL 33283

**FEI Number: 92-2256422**

**Certificate of Status Desired: No**

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

CABRERA, WENDY  
12550 BISCAYNE BLVD  
SUITE 306  
MIAMI, FL 33181 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: WENDY CABRERA**

**04/29/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRES  
Name            CABRERA, WENDY  
Address        400 SUNNY ISLES BLVD  
                  405  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title            VP  
Name            HARRIS, BRIAN  
Address        400 SUNNY ISLES #405  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title            SEC  
Name            HERRADON, NATALIE  
Address        PO BOX 830232  
City-State-Zip: MIAMI FL 33283

Title            TRES  
Name            CAREAGA, DIOSKORA  
Address        2809 SW 145 COURT  
City-State-Zip: MIAMI FL 33175

*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: WENDY CABRERA**

**04/29/2024**

Electronic Signature of Signing Officer/Director Detail

Date