## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004564

Entity Name: CRAWFORD CENTER, INC.

**Current Principal Place of Business:** 

351 ALTARA AVE.

CORAL GABLES. FL 33146

**Current Mailing Address:** 

351 ALTARA AVE.

CORAL GABLES. FL 33146 US

FEI Number: 65-0610247 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LACASA, EDUARDO 351 ALTARA AVE.

CORAL GABLES, FL 33146 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

**FILED** Feb 24, 2015

**Secretary of State** 

CC9092933821

Officer/Director Detail:

Title Title

MENENDEZ, MANUEL Name MYRTETUS, PETER Name

Address 8780 SW 122ND ST Address 2828 CORAL WAY PATHS 2

City-State-Zip: MIAMI FL 33145 MIAMI FL 33176 City-State-Zip:

Title DV Title D

Name SUAREZ, CARLOS MD Name TEASDALE, RON Address 724 ALHAMBRA CIR Address 6620 SW 77 TERR CORAL GABLES FL 33134

City-State-Zip: MIAMI FL 33143

Title D

LACASA. EDUARDO R Name 351 ALTARA AVE Address

City-State-Zip: CORAL GABLES FL 33146

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: EDUARDO LACASA

Electronic Signature of Signing Officer/Director Detail

DC

City-State-Zip:

02/24/2015