

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000038364

**Entity Name:** NEW RIVER COMMUNITY MENTAL HEALTH CENTER, INC.

**Current Principal Place of Business:**

2962 SW 26TH TERRACE,  
SUITE 204  
FT LAUDERDALE, FL 33312

**Current Mailing Address:**

2962 SW 26TH TERRACE,  
SUITE 204  
FT LAUDERDALE, FL 33312 US

**FEI Number:** 26-3121578

**Certificate of Status Desired:** No

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

CHICKA, ELEANOR  
2962 SW 26 TERRACE  
FT LAUDERDALE, FL 33312 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

**Officer/Director Detail :**

Title P  
Name CHICKA, ELEANOR  
Address 2962 SW 26TH TERRACE,  
SUITE 204  
City-State-Zip: FT LAUDERDALE FL 33312

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ELEANOR CHICKA

**PRESIDENT**

**04/28/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date