

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725328

FILED
Feb 02, 2009
Secretary of State

Entity Name: PSYCHO-SOCIAL REHABILITATION CENTER, INC.

Current Principal Place of Business:

5711 S. DIXIE HIGHWAY
SOUTH MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

5711 S. DIXIE HIGHWAY
SOUTH MIAMI, FL 33143

New Mailing Address:

FEI Number: 59-1466709

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SANTANA, PUBLIO M P/CEO
5711 S DIXIE HWY
S. MIAMI, FL 33143 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: GREEN, NANCY
Address: 10320 SW 69TH AVE
City-St-Zip: MIAMI, FL 33156

Title: TD () Delete
Name: KLOMPARENS, AL
Address: 9131 SW 19 ST
City-St-Zip: S. MIAMI, FL 33156

Title: SD () Delete
Name: KING, JEFFREY
Address: 2990 SW 30TH COURT
City-St-Zip: MIAMI, FL 33133

Title: PD () Delete
Name: SANTANA, PUBLIO M P/CEO
Address: 9501 SW 45 STREET
City-St-Zip: MIAMI, FL 33165

Title: VD () Delete
Name: BALDOR, LILIA C
Address: 3177 SW 109TH COURT
City-St-Zip: MIAMI, FL 33165 US

Title: D () Delete
Name: KREISBERG, IRVING
Address: 251 CRANDON BLVD APT #500
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: PUBLIO M. SANTANA

P/CE

02/02/2009

Electronic Signature of Signing Officer or Director

Date