

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756184

FILED  
Mar 10, 2005  
Secretary of State

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

**Current Principal Place of Business:**

1313 NW 36TH STREET  
SUITE 400  
MIAMI, FL 33142 US

**New Principal Place of Business:**

**Current Mailing Address:**

1313 NW 36TH STREET  
SUITE 400  
MIAMI, FL 33142 US

**New Mailing Address:**

**FEI Number:** 59-2055751      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

BESTMAN, EVALINA W. PH.  
1313 NW 36TH STREET  
SUITE 400  
MIAMI, FL 33142 US

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

BESTMAN, EVALINA W DR.  
1313 NW 36TH STREET  
SUITE 400  
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: DR. EVALINA W. BESTMAN

03/10/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: BALTAGI, LABIB  
Address: 1313 NW 36TH STREET, SUITE 400  
City-St-Zip: MIAMI, FL 33142

Title: PD ( ) Delete  
Name: MILTON, ISRAEL H  
Address: 1313 NW 36TH STREET, SUITE 400  
City-St-Zip: MIAMI, FL 33142

Title: SD ( ) Delete  
Name: BLOOM, MARILYN  
Address: 1313 NW 36TH STREET, SUITE 400  
City-St-Zip: MAIMI, FL

Title: VD ( ) Delete  
Name: STACKS, CYNTHIA J  
Address: 1313 N.W. 36TH ST. SUITE 400  
City-St-Zip: MIAMI, FL 33142

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: PD (X) Change ( ) Addition  
Name: TOUSSAINT, MARIE JO  
Address: 1313 NW 36TH STREET, SUITE 400  
City-St-Zip: MIAMI, FL 33142

Title: SD (X) Change ( ) Addition  
Name: BLOOM, MARILYN  
Address: 1313 NW 36TH STREET, SUITE 400  
City-St-Zip: MIAMI, FL

Title: VD (X) Change ( ) Addition  
Name: MILTON, ISRAEL  
Address: 1313 N.W. 36TH ST. SUITE 400  
City-St-Zip: MIAMI, FL 33142

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARILYN BLOOM

SD

03/10/2005

Electronic Signature of Signing Officer or Director

Date