

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756184

FILED
Jan 16, 2007
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:

CROSKEY, LUVERNICE PHD
1313 NW 36TH ST
SUITE 400
MIAMI, FL 33142 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: TD () Delete
Name: BALTAGI, LABIB
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: MIAMI, FL

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: KELLEY, WILLIAM M
Address: 1313 NW 36TH STREET, SUITE 400
City-St-Zip: MIAMI, FL

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

Title: SD () Change (X) Addition
Name: HOLLAND, LESLIE
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 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: LUVERNICE CROSKEY, PHD

RA

01/16/2007

Electronic Signature of Signing Officer or Director

Date