

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90193 026 ****61.25

DOCUMENT # 763753

1. Entity Name
**NORTHWEST DADE ADULT RESIDENTIAL TREATMENT
SYSTEMS, INC.**



Principal Place of Business
**MARIO JARDON
4175 W 20 AVE
HIALEAH, FL 33012 US**

Mailing Address
**MARIO JARDON
4175 W 20 AVE
HIALEAH, FL 33012 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02202008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2210196

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JARDON, MARIO E
4175 W. 20 AVENUE
HIALEAH, FL 33012**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCD
BISHOP, JILL
1475 W 20 AVE
HIALEAH, FL 33012** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*please see additions
attached* ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
CROUSDALE, PATRICIA
4175 W 20 AVE
HIALEAH, FL 33012** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
THOMPSON, RAMONA
4175 W 20 AVE
HIALEAH, FL 33012** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TR
COVERSON, TYRONE
4175 W 20 AVE
HIALEAH, FL 33012** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
SANJUAN, MARIA
4175 W 20 AVE
HIALEAH, FL 33012** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CASTRO, CARIDAD
4175 W 20 AVE
HIALEAH, FL 33012** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

40036601

ATTACHMENT

(Section 11)

NORTHWEST DADE ADULT RESIDENTIAL TREATMENT SYSTEMS, INC

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ADDITIONS TO ANNUAL REPORT

2008/OFFICERS AND DIRECTORS

CLARK, CYNTHIA, D
4175 W 20 AVE.
HIALEAH, FL 33012

GINA CORTES-SUAREZ, D
4175 W 20 AVE.
HIALEAH, FL 33012

JAY JOSEPH, D
4175 W 20 AVE.
HIALEAH, FL 33012

GIL LOPEZ, D
4175 W 20 AVE.
HIALEAH, FL 33012

RICHARD MARANON, D
4175 W 20 AVE.
HIALEAH, FL 33012

THOMAS MCINTOSH, D
4175 W 20 AVE.
HIALEAH, FL 33012

EDUARDO PEREZ, D
4175 W 20 AVE.
HIALEAH, FL 33012

RUTH TINSMAN, D
4175 W 20 AVE.
HIALEAH, FL 33012

MARIO E. JARDON, P
4175 W 20 AVE.
HIALEAH, FL 33012