

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763753

FILED
Mar 24, 2011
Secretary of State

Entity Name: NORTHWEST DADE ADULT RESIDENTIAL TREATMENT SYSTEMS, INC.

Current Principal Place of Business:

MARIO JARDON
4175 W 20 AVE
HIALEAH, FL 33012 US

New Principal Place of Business:

Current Mailing Address:

MARIO JARDON
4175 W 20 AVE
HIALEAH, FL 33012 US

New Mailing Address:

FEI Number: 59-2210196

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JARDON, MARIO E
4175 W. 20 AVENUE
HIALEAH, FL 33012 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: VC/D
Name: SANJUAN, MARIA
Address: 1475 W 20 AVE
City-St-Zip: HIALEAH, FL 33012

Title: C/D
Name: COVERSON, TYRONE
Address: 4175 W 20 AVE
City-St-Zip: HIALEAH, FL 33012

Title: T/D
Name: FORTE, JORGE
Address: 4175 W 20 AVE
City-St-Zip: HIALEAH, FL 33012

Title: S/D
Name: BAKER HOOVER, SANDY
Address: 4175 W 20 AVE
City-St-Zip: HIALEAH, FL 33012

Title: PCEO
Name: JARDON, MARIO E
Address: 4175 W 20TH AVENUE
City-St-Zip: HIALEAH, FL 33012

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

SIGNATURE: MARIO E. JARDON

PCEO

03/24/2011

Electronic Signature of Signing Officer or Director

Date