

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763753

FILED
Feb 20, 2012
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:

CITRUS HEALTH NETWORK, INC.
4175 W 20 AVE
HIALEAH, FL 33012 US

Current Mailing Address:

MARIO JARDON
4175 W 20 AVE
HIALEAH, FL 33012 US

New Mailing Address:

CITRUS HEALTH NETWORK, INC.
4175 W 20 AVE
HIALEAH, FL 33012 US

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: FORTE, JORGE
Address: 4175 W 20 AVE
City-St-Zip: HIALEAH, FL 33012

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

Title: S/D
Name: LOPEZ, GIL DR
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

Title: D
Name: TAYLOR, CURTIS A
Address: 4175 W 20TH AVE
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

CEO

02/20/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date