

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90212 041 ****61.25

DOCUMENT # NO1000000424

1. Entity Name

SOUTH FLORIDA RESIDENTIAL TREATMENT INC.

Principal Place of Business

Mailing Address

**4160 WEST 16TH AVENUE
 SUITE NO. 302
 HIALEAH FL 33012**

**4160 WEST 16TH AVENUE
 SUITE NO. 302
 HIALEAH FL 33012**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1072176

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

**HERNANDEZ, ARTURO F
 4160 WEST 16TH AVENUE
 SUITE NO. 302
 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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	HERNANDEZ, IVAN A M.D.	
STREET ADDRESS	7708 S.W. 74 LANE	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	D	<input type="checkbox"/> Delete
NAME	RODRIGUEZ-CRESPO, MANUEL V M.D.	
STREET ADDRESS	150 N.W. 19TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAUSA, RAFAEL A M.D.	
STREET ADDRESS	125 S.W. 130 AVENUE	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTO, ANA M M.S.	
STREET ADDRESS	9500 S.W. 29TH STREET	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOPEZ, MARIA E M.D.	
STREET ADDRESS	4437 WEST FLAGLER STREET, APT. #3	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 REQUIRED**

04/24/02

(305)
 855-7770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)

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