

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000007051

1. Entity Name
NEW HOPE BEHAVIORAL HEALTH CENTER, INC.



Principal Place of Business

**13499 BISCAYNE BLVD
106
MIAMI, FL 33181**

Mailing Address

**13499 BISCAYNE BLVD
106
MIAMI, FL 33181**



01062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1615693

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**METSCH, BENJAMIN
1455 NW 14 ST.
MIAMI, FL 33125**

**DO NOT WRITE
IN THIS SPACE**

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
MACLI, ANTONIO
13499 BISCAYNE BLVD., #106
NORTH MIAMI, FL 33181**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
MACLI, WILMA
13499 BISCAYNE BLVD., #106
NORTH MIAMI, FL 33181**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
MACLI, GUSTAVO
13499 BISCAYNE BLVD., #106
NORTH MIAMI, FL 33181**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
HUARTE, SANDRA
13499 BISCAYNE BLVD., #106
NORTH MIAMI, FL 33181**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
MACLI, JORGE
13499 BISCAYNE BLVD., #106
NORTH MIAMI, FL 33181**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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04/16/05-80018-021 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #