

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2006  
Secretary of State**

DOCUMENT# N05000009386

Entity Name: MIAMI-DADE MENTAL HEALTH COUNSELORS ASSOCIATION, INC.

**Current Principal Place of Business:**

12490 NE 7TH AVENUE #211  
NORTH MIAMI, FL 33161

**New Principal Place of Business:**

**Current Mailing Address:**

12490 NE 7TH AVENUE #211  
NORTH MIAMI, FL 33161

**New Mailing Address:**

FEI Number: 20-3486902      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FLEISCHMANN, SUZETTE  
12490 NE 7TH AVENUE #211  
NORTH MIAMI, FL 33161      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: DP      ( ) Delete  
Name: FLEISCHMANN, SUZETTE  
Address: 12490 NE 7TH AVENUE #211  
City-St-Zip: NORTH MIAMI, FL 33161

Title: DP      ( ) Delete  
Name: ASTOLFO, THERESE  
Address: 12490 NE 7TH AVENUE #211  
City-St-Zip: NORTH MIAMI, FL 33161

Title: DS      (X) Delete  
Name: GUERRAO, EVELYN  
Address: 12490 NE 7TH AVENUE #211  
City-St-Zip: NORTH MIAMI, FL 33161

Title: DT      ( ) Delete  
Name: YANES, JANETTE  
Address: 12490 NE 7TH AVENUE #211  
City-St-Zip: NORTH MIAMI, FL 33161

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SUZETTE B. FLEISCHMANN

PRES

04/30/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date