

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000003499

FILED  
Apr 11, 2012  
Secretary of State

**Entity Name:** PEOPLE IN CRISIS UNITED, INC.

**Current Principal Place of Business:**

12555 BISCAYNE BLVD., #904  
NORTH MIAMI, FL 331812597

**New Principal Place of Business:**

1280 NE 102 STREET  
MIAMI SHORES, FL 33138 US

**Current Mailing Address:**

12555 BISCAYNE BLVD., #904  
NORTH MIAMI, FL 331812597

**New Mailing Address:**

1280 NE 102 STREET  
MIAMI SHORES, FL 33138 US

**FEI Number:** 27-2494543

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

JUANICO, DENISE  
1280 NE 102 STREET  
MIAMI SHORES, FL 33138 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:** PD  
**Name:** JUANICO, KIM  
**Address:** 1280 NE 102 STREET  
**City-St-Zip:** MIAMI SHORES, FL 33138

**Title:** VPD  
**Name:** CANTWELL, G. PATRICIA MD  
**Address:** C/O 1280 NE 102 STREET  
**City-St-Zip:** MIAMI SHORES, FL 33138 US

**Title:** SD  
**Name:** JUANICO, MARK  
**Address:** 1280 NE 102 STREET  
**City-St-Zip:** MIAMI SHORES, FL 33138 US

**Title:** TD  
**Name:** JUANICO, KIM  
**Address:** 1280 NE 102 STREET  
**City-St-Zip:** MIAMI SHORES, FL 33138

**Title:** D  
**Name:** HARRIS, TARA MD  
**Address:** C/O 1280 NE 102 STREET  
**City-St-Zip:** MIAMI SHORES, FL 33138 US

**Title:** D  
**Name:** JUANICO, DENISE  
**Address:** 1280 NE 102 STREET  
**City-St-Zip:** MIAMI SHORES, FL 33138 US

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:** MARK JUANICO

SD

04/11/2012

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

\_\_\_\_\_  
Date