


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

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N46476</b> 1. Entity Name MIAMI DADE COMMUNITY MENTAL HEALTH CENTER, INC.	
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Principal Place of Business 7815 CORAL WAY #107 MIAMI, FL 33155 US	Mailing Address 7815 CORAL WAY #107 MIAMI, FL 33155 US
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**DO NOT WRITE IN THIS SPACE**



04112005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3100307	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  VASQUEZ, CARMEN 7815 CORAL WAY SUITE #107 MIAMI, FL 33155	<b>DO NOT WRITE IN THIS SPACE</b>
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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: *Carmen Vasquez* (NOTE: Registered Agent signature required when reinstating) DATE: 4/5/05

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000307722 04/15/05-80064-019 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD VAZQUEZ, CARMEN 7815 CORAL WAY #107 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VAZQUEZ, REYSELDA 7815 CORAL WAY #107 MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NERELDA, SECADES 7815 CORAL WAY #107 MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: *Carmen Vasquez* 4/5/05 (305) 261-8010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #