

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90136 001 ***750.00

DOCUMENT # N46476

1. Entity Name

MIAMI DADE COMMUNITY MENTAL HEALTH CENTER,
INC.



Principal Place of Business

7815 CORAL WAY
#107
MIAMI, FL 33155 US

Mailing Address

7815 CORAL WAY
#107
MIAMI, FL 33155 US

DO NOT WRITE IN THIS SPACE



02062007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-3100307

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

VASQUEZ, CARMEN
7815 CORAL WAY
SUITE #107
MIAMI, FL 33155

**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, 2007**

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
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 exemptions contained 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 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 #