

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004564

FILED
Feb 06, 2012
Secretary of State

Entity Name: CRAWFORD CENTER, INC.

Current Principal Place of Business:

351 ALTARA AVE.
CORAL GABLES, FL 33146 US

New Principal Place of Business:

Current Mailing Address:

351 ALTARA AVE.
CORAL GABLES, FL 33146 US

New Mailing Address:

FEI Number: 65-0610247

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LACASA, EDUARDO
351 ALTARA AVE.
CORAL GABLES, FL 33146 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: P
Name: MENENDEZ, MANUEL
Address: 8780 SW 122ND ST
City-St-Zip: MIAMI, FL 33176

Title: D
Name: MYRTETUS, PETER
Address: 2828 CORAL WAY PATHS 2
City-St-Zip: MIAMI, FL 33145

Title: D
Name: TEASDALE, RON
Address: 6620 SW 77 TERR
City-St-Zip: MIAMI, FL 33143

Title: DV
Name: SUAREZ, CARLOS MD
Address: 724 ALHAMBRA CIR
City-St-Zip: CORAL GABLES, FL 33134

Title: D
Name: LACASA, EDUARDO R
Address: 351 ALTARA AVE
City-St-Zip: CORAL GABLES, FL 33146

Title: DC
Name: BICHARRA, BLANCA
Address: 2277 NW 82 AVENUE
City-St-Zip: MIAMI, FL 33122

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: EDUARDO LACASA

D

02/06/2012

Electronic Signature of Signing Officer or Director

Date