

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 21, 2008 8:00 am
Secretary of State

05-21-2008 90025 034 ****65.25

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1. Entity Name
**SOUTH FLORIDA COUNCIL FOR CHILD & ADOLESCENT
PSYCHIATRY, INC.**



Principal Place of Business
**275 GLENRIDGE RD
KEY BISCAYNE, FL 33149 US**

Mailing Address
**275 GLENRIDGE RD
KEY BISCAYNE, FL 33149 US**



04172008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0708430

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$9.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROTHE, EUGENIO
275 GLENRIDGE RD
KEY BISCAYNE, FL 33149**

**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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROTHE, EUGENIO
STREET ADDRESS	275 GLENRIDGE RD
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	VP
NAME	LOPEZ-BRIGNONI, EVELYN
STREET ADDRESS	9500 S. DADELAND BLVD #604
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	S
NAME	MARTINEZ-CASUSO, ROSA
STREET ADDRESS	800 COPRI ST #201
CITY-ST-ZIP	CORAL GABLES, FL 33134

**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 #

4/26/08 (305) 774-1699