## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000002752

Apr 15, 2012 Secretary of State

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

**New Principal Place of Business: Current Principal Place of Business:** 

275 GLENRIDGE RD

KEY BISCAYNE, FL 33149 US

**Current Mailing Address: New Mailing Address:** 

275 GLENRIDGE RD

KEY BISCAYNE, FL 33149 US

FEI Number: 65-0708430 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ROTHE, EUGENIO 275 GLÉNRIDGE RD KEY BISCAYNE, FL 33149

US

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:**

ROTHE, EUGENIO Name: Address: 275 GLENRIDGE RD

City-St-Zip: KEY BISCAYNE, FL 33149 US

Title: TREA

Name: CONTE, RAFAEL M Address: 3641 BATTERSEA ROAD City-St-Zip: MIAMI, FL 33133

Title: SECR

INESTA, MICHAEL M Name:

1750 NORTH BAYSHORE DRIVE APT. 2514 Address:

City-St-Zip: MIAMI, FL 33132

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: EUGENIO M. ROTHE M.D. **PRES** 04/15/2012