

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004355

FILED  
Feb 04, 2009  
Secretary of State

**Entity Name:** ST. ANTHONY COUNSELING AND HEALTH CENTER, INCORPORATED

**Current Principal Place of Business:**

8370 WEST FLAGLER STREET, #140  
MIAMI, FL 33144

**New Principal Place of Business:**

**Current Mailing Address:**

8370 WEST FLAGLER STREET, #140  
MIAMI, FL 33144

**New Mailing Address:**

**FEI Number:** 31-1475341

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MENA, JOSE L  
8370 WEST FLAGLER STREET, #140  
MIAMI, FL 33144 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: PD ( ) Delete  
Name: MENA, JOSE L  
Address: 8370 WEST FLAGLER STREET, #140  
City-St-Zip: MIAMI, FL 33144

Title: VD ( ) Delete  
Name: MENA, JUAN  
Address: 8370 WEST FLAGLER STREET, #140  
City-St-Zip: MIAMI, FL 33144

Title: TD ( ) Delete  
Name: ALVAREZ, LUIS  
Address: 8370 WEST FLAGLER STREET, #140  
City-St-Zip: MIAMI, FL 33144

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOSE L MENA

PD

02/04/2009

Electronic Signature of Signing Officer or Director

Date