

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006301

1. Entity Name

COMPREHENSIVE TREATMENT CENTER OF SOUTH FLORIDA,

FILED

Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90107 026 ****61.25

Principal Place of Business Mailing Address
4160 WEST 16TH AVE 4160 WEST 16TH AVE
SUITE 302 SUITE 302
HIALEAH FL 33012 HIALEAH FL 33012-5853

801725



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 65-0875322 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERNANDEZ, ARTURO F
4160 WEST 16TH AVE
SUITE 302
HIALEAH FL 33012

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME HERNANDEZ, ARTURO F.
STREET ADDRESS 4129 W 7 LANE
CITY-ST-ZIP HIALEAH FL 33012
TITLE SD ☐ Delete
NAME ROBERTO, ANA M. Ana M.
STREET ADDRESS 9500 SW 29TH ST
CITY-ST-ZIP MIAMI FL 33165
TITLE TD ☐ Delete
NAME RODRIGUEZ- CRESPO, MANUEL V
STREET ADDRESS 150 NW 19TH AVE
CITY-ST-ZIP MIAMI FL 33012
TITLE D ☐ Delete
NAME HERNANDEZ, IVAN A MD
STREET ADDRESS 7706 SW 74 LANE
CITY-ST-ZIP MIAMI FL 33148
TITLE D ☐ Delete
NAME DAUSA, RAFAEL A. Rafael A.
STREET ADDRESS 125 SZW 130 AVE
CITY-ST-ZIP MIAMI FL 33184
TITLE D ☐ Delete
NAME LOPEZ, MARIA E MS
STREET ADDRESS 4437 W FLAGLER APT 3
CITY-ST-ZIP MIAMI FL 33134

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Arturo F. Hernandez, M.S. Executive Director

Jan. 10/2000 (305) 825-7770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CF2E037 (9/99)