


2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000006301 1. Entity Name COMPREHENSIVE TREATMENT CENTER OF SOUTH FLORIDA, INC.	
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Principal Place of Business 4160 WEST 16TH AVE SUITE 302 HIALEAH, FL 33012	Mailing Address 4160 WEST 16TH AVE SUITE 302 HIALEAH, FL 33012
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DO NOT WRITE IN THIS SPACE



04192005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0875322	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

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

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04/22/05-80081-018 61.25

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:  APR 20 2005 (305) 825-7770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR