

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90079 009 ****70.00

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1. Entity Name

**COMPREHENSIVE TREATMENT CENTER OF SOUTH
FLORIDA, INC.**



Principal Place of Business

**4160 WEST 16TH AVE
SUITE 302
HIALEAH FL 33012**

Mailing Address

**4160 WEST 16TH AVE
SUITE 302
HIALEAH FL 33012**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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. 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 registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida 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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☒ Delete
NAME **ROBERTO, ANN M**
STREET ADDRESS **9500 SW 29TH ST**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE **DS** ☒ Change ☐ Addition
NAME **Roberto, ANA M.**
STREET ADDRESS **9500 SW 29th Street,**
CITY-ST-ZIP **Miami, Florida 33165**

TITLE **TD** ☐ Delete
NAME **RODRIGUEZ, SILVIA**
STREET ADDRESS **150 NW 19TH AVE**
CITY-ST-ZIP **MIAMI FL 33012**

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

TITLE **D** ☐ Delete
NAME **HERNANDEZ, IVAN A MD**
STREET ADDRESS **7706 SW 74 LANE**
CITY-ST-ZIP **MIAMI FL 33148**

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

TITLE **D** ☒ Delete
NAME **DAUSA, IVAN A**
STREET ADDRESS **125 SZW 130 AVE**
CITY-ST-ZIP **MIAMI FL 33184**

TITLE **D** ☒ Change ☐ Addition
NAME **Rafael A. Dausa**
STREET ADDRESS **130 S.W. 130 Avenue**
CITY-ST-ZIP **Miami, Florida 33165**

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Executive Director

March 27, 2006