

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED 302
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000006301

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**



03232007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
65-0875322

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

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	DS ROBERTO, ANA 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, RAFAEL A 130 SW. 130 AVE MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, MARIA E MS 4437 W FLAGLER APT 3 MIAMI, FL 33134

000000746695
05/16/07-80079-008 61.25

**DO NOT WRITE
IN THIS SPACE**

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

April 23, 2007

Date

(305) 825-7770

Daytime Phone #