

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006301

FILED
Jul 07, 2008
Secretary of State

Entity Name: COMPREHENSIVE TREATMENT CENTER OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

4160 WEST 16TH AVE
SUITE 302
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

4160 WEST 16TH AVE
SUITE 302
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 65-0875322 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CABRERA, RAMON
4160 WEST 16TH AVE
SUITE 302
HIALEAH, FL 33012 US

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: RAMON CABRERA

07/07/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HERNANDEZ, ARTURO F
Address: 4129 W 7 LANE
City-St-Zip: HIALEAH, FL 33012

Title: DS () Delete
Name: ROBERTO, ANA M
Address: 9500 SW 29TH ST
City-St-Zip: MIAMI, FL 33165

Title: TD (X) Delete
Name: RODRIGUEZ, SILVIA
Address: 150 NW 19TH AVE
City-St-Zip: MIAMI, FL 33012

Title: D (X) Delete
Name: HERNANDEZ, IVAN A MD
Address: 7706 SW 74 LANE
City-St-Zip: MIAMI, FL 33148

Title: D (X) Delete
Name: DAUSA, RAFAEL A
Address: 130 SW 130 AVE
City-St-Zip: MIAMI, FL 33165

Title: D (X) Delete
Name: LOPEZ, MARIA E MS
Address: 4437 W FLAGLER APT 3
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CABRERA, RAMON
Address: 4160 WEST 16TH AVE, SUITE 302
City-St-Zip: HIALEAH, FL 33012

Title: VP (X) Change () Addition
Name: SOTOMAYOR, CARLOS
Address: 4160 WEST 16TH AVE, SUITE 302
City-St-Zip: HIALEAH, FL 33012

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

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: RAMON CABRERA

P

07/07/2008

Electronic Signature of Signing Officer or Director

Date