2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N98000006301

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 ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

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

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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: DIR ( ) Change (X) Addition
Name: ALVAREZ, FRANK-CRUZ
Address: 4160 WEST 16TH AVE, SUITE 302
City-St-Zip: HIALEAH, FL 33012

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 04/30/2009

Electronic Signature of Signing Officer or Director — Date