2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006301

FILED Jun 03, 2010 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

4160 WEST 16TH AVE SUITE 302 HIALEAH, FL 33012

Current Mailing Address: New Mailing Address:

4160 WEST 16TH AVE SUITE 302 HIALEAH, FL 33012

FEI Number: 65-0875322 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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: 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

Name: CABRERA, RAMON

Address: 4160 WEST 16TH AVE, SUITE 302

City-St-Zip: HIALEAH, FL 33012

Title: DIR

Name: SOTOMAYOR, CARLOS

Address: 4160 WEST 16TH AVE. SUITE 302

City-St-Zip: HIALEAH, FL 33012

Title: DIR

Name: RODRIGUEZ, JEANINE

Address: 4160 WEST 16TH AVE, SUITE 302

City-St-Zip: HIALEAH, FL 33012

Title: DIR

Name: ALVAREZ, FRANK-CRUZ

Address: 4160 WEST 16TH AVE, SUITE 302

City-St-Zip: HIALEAH, FL 33012

Title:

Name: CABRERA, IRENE

Address: 4160 WEST 16TH AVE, SUITE 302

City-St-Zip: HIALEAH, FL 33012

I hereby 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 all other like empowered.

SIGNATURE: RAMON CABRERA P 06/03/2010