

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006301

FILED  
Jan 18, 2012  
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)**

**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: CEO  
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: T  
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

CEO

01/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date