

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90339 010 ****61.25

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**

90011341



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0875322**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	HERNANDEZ, ARTURO F	
STREET ADDRESS	4129 W 7 LANE	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROBERTO, ANN M	
STREET ADDRESS	9500 SW 29TH ST	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, SILVIA	
STREET ADDRESS	150 NW 19TH AVE	
CITY-ST-ZIP	MIAMI FL 33012	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERNANDEZ, IVAN A MD	
STREET ADDRESS	7706 SW 74 LANE	
CITY-ST-ZIP	MIAMI FL 33148	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAUSA, IVAN A	
STREET ADDRESS	125 SZW 130 AVE	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOPEZ, MARIA E MS	
STREET ADDRESS	4437 W FLAGLER APT 3	
CITY-ST-ZIP	MIAMI FL 33134	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/24/03

(305) 825-7770

Date

Daytime Phone #

CR2E037 (10/02)