

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000024289

FILED  
Mar 23, 2005  
Secretary of State

Entity Name: THERAPEUTIC CHOICE CMHC, INC.

## Current Principal Place of Business:

4721 N.W. 79 AVE  
MIAMI, FL 33166

## New Principal Place of Business:

3901 N.W. 79 AVE  
SUITE 119  
MIAMI, FL 33166

## Current Mailing Address:

4721 NW 79 AVE  
MIAMI, FL 33166

## New Mailing Address:

3901 NW 79 AVE  
SUITE 119  
MIAMI, FL 33166

FEI Number: 01-0777456

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HOCHFELDER, EVELYN  
4721 NW 79 AVE  
MIAMI, FL 33166 US

## Name and Address of New Registered Agent:

HOCHFELDER, EVELYN  
3901 NW 79 AVE  
SUITE 119  
MIAMI, FL 33166 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: EVELYN HOCHFELDER

03/23/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HOCHFELDER, EVELYN  
Address: 4721 NW 79 AVE  
City-St-Zip: MIAMI, FL 33166

Title: D ( ) Delete  
Name: SANTI, JR., ANTONIO  
Address: 4721 NW 79 AVE  
City-St-Zip: MIAMI, FL 33166

Title: D ( ) Delete  
Name: PEREZ, JEAN  
Address: 4721 NW 79 AVE  
City-St-Zip: MIAMI, FL 33166

Title: D ( ) Delete  
Name: GONZALEZ DELVALLE, CARMEN G  
Address: 4721 NW 79 AVE  
City-St-Zip: MIAMI, FL 33166

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: HOCHFELDER, EVELYN  
Address: 3901 NW 79 AVE, #119  
City-St-Zip: MIAMI, FL 33166

Title: D (X) Change ( ) Addition  
Name: SANTI, JR., ANTONIO  
Address: 3901 NW 79 AVE, #119  
City-St-Zip: MIAMI, FL 33166

Title: D (X) Change ( ) Addition  
Name: PEREZ, JEAN  
Address: 3901 NW 79 AVE, #119  
City-St-Zip: MIAMI, FL 33166

Title: D (X) Change ( ) Addition  
Name: GONZALEZ DELVALLE, CARMEN G  
Address: 3901 NW 79 AVE, #119  
City-St-Zip: MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EVELYN HOCHFELDER

P

03/23/2005

Electronic Signature of Signing Officer or Director

Date