

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000024289

FILED
Mar 25, 2008
Secretary of State

Entity Name: THERAPEUTIC CHOICE CMHC, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

3901 NW 79 AVE
SUITE 119
MIAMI, FL 33166

New Mailing Address:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

Title: D () Delete
Name: GOMEZ ABREU, CARMEN B
Address: 3901 NW 79 AVE, #119
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTONIO SANTI

D

03/25/2008

Electronic Signature of Signing Officer or Director

Date