

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000024289

FILED  
Apr 22, 2010  
Secretary of State

Entity Name: THERAPEUTIC CHOICE CMHC, INC.

## Current Principal Place of Business:

3901 N.W. 79 AVE  
SUITE 119  
MIAMI, FL 331666554

## New Principal Place of Business:

## Current Mailing Address:

3901 N.W. 79 AVE  
SUITE 119  
MIAMI, FL 331666554

## New Mailing Address:

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  
Name: HOCHFELDER, EVELYN  
Address: 3901 NW 79 AVE, #119  
City-St-Zip: MIAMI, FL 331666554

Title: D  
Name: SANTI, JR., ANTONIO  
Address: 3901 NW 79 AVE, #119  
City-St-Zip: MIAMI, FL 331666554

Title: D  
Name: PEREZ, JEAN  
Address: 3901 NW 79 AVE, #119  
City-St-Zip: MIAMI, FL 331666554

Title: D  
Name: GOMEZ ABREU, CARMEN  
Address: 3901 NW 79 AVE, #119  
City-St-Zip: MIAMI, FL 331666554

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

SIGNATURE: EVELYN HOCHFELDER

P/D

04/22/2010

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

\_\_\_\_\_  
Date