

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000024289

**FILED**  
**Feb 20, 2011**  
**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:**

3900 N.W. 79 AVE  
SUITE 652  
MIAMI, FL 331666556

**Current Mailing Address:**

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

**New Mailing Address:**

3900 N.W. 79 AVE  
SUITE 652  
MIAMI, FL 331666556

**FEI Number:** 01-0777456

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SANTI, ANTONIO  
3901 NW 79 AVE  
SUITE 119  
MIAMI, FL 33166 US

**Name and Address of New Registered Agent:**

SANTI, ANTONIO  
3900 NW 79 AVE  
SUITE 652  
MIAMI, FL 331666556 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:

02/20/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: SANTI, ANTONIO  
Address: 3900 NW 79 AVE, #652  
City-St-Zip: MIAMI, FL 331666556

Title: S/D  
Name: GOMEZ ABREU, CARMEN  
Address: 3900 NW 79 AVE, #652  
City-St-Zip: MIAMI, FL 331666556

Title: T/D  
Name: PEREZ, JEAN  
Address: 3900 NW 79 AVE, #652  
City-St-Zip: MIAMI, FL 331666556

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: ANTONIO SANTI

PRES

02/20/2011

Electronic Signature of Signing Officer or Director

Date