

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000024289

FILED
Apr 25, 2012
Secretary of State

Entity Name: THERAPEUTIC CHOICE CMHC, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

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

Current Mailing Address:

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

New Mailing Address:

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

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
3900 NW 79 AVE
SUITE 652
MIAMI, FL 331666556 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

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

P/D

04/25/2012

Electronic Signature of Signing Officer or Director

Date