2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000078398

FILED Mar 16, 2009 Secretary of State

Entity Name: DADE FAMILY COUNSELING COMMUNITY MENTAL HEALTH CENTER, INC.

Current Principal Place of Business: New Principal Place of Business: 4343 W. FLAGLER STREET SUITE 100 MIAMI, FL 33134 **New Mailing Address: Current Mailing Address:** 4343 W. FLAGLER STREET SUITE 100 MIAMI, FL 33134 FEI Number: 14-1890033 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHASE, ALAN R ESQUIRE 9400 S. DADELAND BOULEVARD SUITE 600 MIAMI, FL 33156 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition RODRIGUEZ, LOURDES M Name: Name: 4270 SW 14TH ST Address: Address: City-St-Zip: MIAMI, FL 33134 City-St-Zip: () Delete Title: DPS Title: () Change () Addition Name: FIELDS, MARIA E Name: 6226 NW 113 COURT Address: Address: MIAMI, FL 33178 City-St-Zip: 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: LOURDES M RODRIGUEZ DVT 03/16/2009