2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 15, 2004
Secretary of State

DOCUMENT# P03000129647

Entity Name: SERENITY CENTER FOR THERAPEUTIC SERVICES, INC.

Current Principal Place of Business:

8200 N.W. 27 ST., #118
MIAMI, FL 33122

New Principal Place of Business:

Current Mailing Address:

8200 N.W. 27 ST., #118
MIAMI, FL 33122

New Mailing Address:

FEI Number: 45-0528198 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIEGWALD, CHERYL B
18100 OLD CUTLER ROAD
MIAMI, FL 33157 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:	PD	( ) Delete
Name:	MARTINEZ, EILEEN M	
Address:	250 SW 82ND AVENUE	
City-St-Zip:	MIAMI, FL 33144	
Title:	SD	( ) Delete
Name:	MARTINEZ, JOSE	
Address:	250 SW 82ND AVENUE	
City-St-Zip:	MIAMI, FL 33144	
Title:	D	( ) Delete
Name:	MARTINEZ, IRAIDA	
Address:	250 SW 82ND AVENUE	
City-St-Zip:	MIAMI, FL 33144	
Title:	VD	( ) Delete
Name:	SIEGWALD, CHERYL B	
Address:	18100 OLD CUTLER ROAD	
City-St-Zip:	MIAMI, FL 33157	
Title:	TD	( ) Delete
Name:	BAO, LISETTE	
Address:	18100 OLD CUTLER ROAD	
City-St-Zip:	MIAMI, FL 33157	
Title:	D	( ) Delete
Name:	BAO, JOSE	
Address:	18100 OLD CUTLER ROAD	
City-St-Zip:	MIAMI, FL 33157	

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:	
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 for the exemption stated in Section 119.07(3)(i), 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: LISETTE BAO D 11/15/2004

Electronic Signature of Signing Officer or Director — Date