2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000009026

FILED Aug 02, 2005 Secretary of State

Entity Name: ST. THERESA COMMUNITY MENTAL HEALTH CENTER, INC.

Current Principal Place of Business: New Principal Place of Business:

12011 S.W. 124 TERRACE 7000 W 12TH AVE MIAMI, FL 33186 **STE 17**

MIAMI, FL 33014

Current Mailing Address: New Mailing Address:

12011 S.W. 124 TERRACE 7000 W 12TH AVE MIAMI, FL 33186 STE 17

HIALEAH, FL 33014

FEI Number: 20-0618318 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

CARMONA, LEANDRO M CARMONA, MARTA P 12011 S.W. 124 TERRACE 7000 W 12TH AVE MIAMI, FL 33186 STE 17

HIALEAH, FL 33014 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: MARTA C. CARMONA 08/02/2005

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

CARMONA, LEANDRO M CARMONA, MARTA C Name: Name: 12011 S.W. 124 TERRACE Address: 7000 W 12TH AVE STE 17 Address: City-St-Zip: MIAMI, FL 33186 City-St-Zip: HIALEAH, FL 33014

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: MARTA C. CARMONA **PTS** 08/02/2005