

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000009026

FILED
Apr 25, 2008
Secretary of State**Entity Name:** ST. THERESA COMMUNITY MENTAL HEALTH CENTER, INC.**Current Principal Place of Business:**7000 W 12TH AVE
STE 17
MIAMI, FL 33014**New Principal Place of Business:****Current Mailing Address:**3400 CORAL WAY
STE 601
MIAMI, FL 33145**New Mailing Address:**7000 W 12TH AVE
STE 17
MIAMI, FL 33014**FEI Number:** 20-0618318**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BANOS, ESQ, JAVIER
3400 CORAL WAY
STE 601
MIAMI, FL 33145 US**Name and Address of New Registered Agent:**BORGES, SANTIAGO M
7000 W 12TH AVE
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: SANTIAGO M. BORGES

04/25/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PR () Delete
Name: OTERO, MARIA E
Address: 3400 CORAL WAY SUITE 601
City-St-Zip: MIAMI, FL 33145**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** DPS (X) Change () Addition
Name: BORGES, SANTIAGO M
Address: 7000 W 12TH AVE, SUITE 17
City-St-Zip: HIALEAH, FL 33014

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: SANTIAGO M. BORGES

PRES

04/25/2008

Electronic Signature of Signing Officer or Director

Date