

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000009026

FILED
Mar 10, 2009
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:

7000 W 12TH AVE
STE 17
MIAMI, FL 33014

New Mailing Address:

FEI Number: 20-0618318

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BORGES, SANTIAGO M
7000 W 12TH AVE
17
HIALEAH, FL 33014 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: DPS () Delete
Name: BORGES, SANTIAGO M
Address: 7000 W 12TH AVE, SUITE 17
City-St-Zip: HIALEAH, FL 33014

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD () Change (X) Addition
Name: ALONSO, ERIK X
Address: 7000 W 12 AVENUE, SUITE 17
City-St-Zip: MIAMI, 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: ERIK X ALONSO

VPD

03/10/2009

Electronic Signature of Signing Officer or Director

Date