## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000044275

Entity Name: HEALTHY MINDS CMHC, INC.

FILED Feb 19, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
101 NW 1 MIAMI, FL	2TH AVENUE 33128				
Current Mailing Address:			New Mailing Address:		
101 NW 1 MIAMI, FL	2TH AVENUE 33128				
FEI Number	: 27-0083176	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
	2TH AVE 33128 US e named entity s	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
	e of Florida.				
SIGNATU		ic Signature of Registered Ag	ent	 Date	
Election Ca		Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () LOREDO, JAVI 101 NW 12TH A MIAMI, FL 331:	VENUE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VPST () IGLESIAS, CLA 101 NW 12TH A MIAMI, FL 331:	VENUE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () IGLESIAS, CLA 101 NW 12TH A MIAMI, FL 331:	VENUE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: JAVIER LOREDO PD 02/19/2009