

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000102136

FILED
Jun 18, 2008
Secretary of State

Entity Name: SOUTH FLORIDA CLINICAL TREATMENT CENTERS, INC.

Current Principal Place of Business:

2647 NORTH ANDREWS AVENUE
WILTON MANORS, FL 33311

New Principal Place of Business:

Current Mailing Address:

1440 NE 27TH DR
WILTON MANORS, FL 33334

New Mailing Address:

FEI Number: 20-1342474

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOLAN, JONATHAN
1440 NE 27TH DR
WILTON MANORS, FL 33334 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: DOLAN, JONATHAN R
Address: 2647 NORTH ANDREWS AVENUE
City-St-Zip: WILTON MANORS, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JONATHAN R. DOLAN

PSTD

06/18/2008

Electronic Signature of Signing Officer or Director

Date