

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000133145

FILED  
Aug 22, 2005  
Secretary of State

Entity Name: ESTHER LOUISE COMMUNITY MENTAL HEALTH CENTER INC.

**Current Principal Place of Business:**

9505-07-09 N.W. 27 AVENUE  
MIAMI, FL 33147

**New Principal Place of Business:**

**Current Mailing Address:**

901 N.W. 63 STREET  
MIAMI, FL 33150

**New Mailing Address:**

FEI Number: 65-0127595      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LEGER-ELISE, LOUISE CEO  
7710 PLANTATION BLVD.  
MIRAMAR, FL 33023 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: VP ( ) Delete  
Name: LAFRANCE, JACQUES  
Address: 9505-07-09 N.W. 27 AVENUE  
City-St-Zip: MIAMI, FL 33147

Title: LCSW ( ) Delete  
Name: SMITH, MAGALY  
Address: 9505-07-09 N.W. 27 AVENUE  
City-St-Zip: MIAMI, FL 33147

Title: TRE. ( ) Delete  
Name: ELISE, ROMAIN  
Address: 9505-07-09 N.W. 27 AVENUE  
City-St-Zip: MIAMI, FL 33147

Title: SEC. ( ) Delete  
Name: ZERON, DILICIA  
Address: 9505-07-09 N.W. 27 AVENUE  
City-St-Zip: MIAMI, FL 33147

Title: ACC ( ) Delete  
Name: JOSE, THOMAS  
Address: 9505-07-09 N.W. 27 AVENUE  
City-St-Zip: MIAMI, FL 33147

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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: LEGER ELISIE LOUISE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

08/22/2005

\_\_\_\_\_  
Date