2006 FOR PROFIT CORPORATION

FILED May 01, 2006 08:00 AM

| ANNUAL REPORT | | | | Secretary of State | | |
|---|---|---|-----------------------|--------------------------|-----------------------------|-----------------------------------|
| 1. Entity Nam | | | | Secretar | y or state | |
| CADC M | ENTAL HEALTH CENTER, II | <u>.</u> | | | | |
| Principal Plac | e of Business | Mailing Address | | { | | |
| 8350 S.W. 8 MIAMI, FL 3 | | 8350 S.W. 8TH STREET MIAMI, FL 33144 | | | | |
| | | | | | | |
| | | | | } | | |
| DO NOT WRITE IN THIS SPACE | | | CE | 4. FEI Numb | No Chg-P | CR2E034 (11/05) Applied For |
| | | | | 75-316 | _ | Not Applicab |
| | | | | 5. Certificate | of Status Desired | \$8.75 Additional Fee Required |
| | 6. Name and Address of Current R | egistered Agent | | | | |
| BANEZ, LUIS A 8350 S.W. 8TH STREET | | | | DO | NOT WF | RITE |
| MIAMI, FL 33144 | | | | IN . | THIS SPA | /CE |
| | | | <u></u> | | | |
| | named entity submits this statement for tions of registered agent. | the purpose of changing its register | ed office or register | ed agent, or bo | oth, in the State of Florid | ia. I am familiar with, and acces |
| SIGNATURE_Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rehatathg) DATE | | | | | | |
| FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution. | | | | .00 May Be ed to Fees | | |
| 10. | OFFICERS AND D | IRECTORS | 1 | | | |
| TITLE NAME | PTD IBANEZ, LUIS A | | 1 | | | |
| STREET ADDRESS | 8350 S.W. 8TH STREET | ·· | 1 | | | |
| CITY-ST-ZIP | MIAMI, FL 33144 | | | | | |
| TITLE | VSD | | | | <u> </u> | 44449 10037-005 150.00 |
| NAME STREET ADDRESS | MACHADO, MAGALY 8350 S.W. 8TH STREET | | ļ | | 05/11/06~8 | 1993 (-DA2 120.0A |
| CITY-ST-21P | MIAMI, FL 33144 | | 1 | | | |
| mire , | | | 1 | | | |
| NAME STREET ADDRESS | | | | D O | 110T 141 | ` } **** |
| CITY-ST-ZIP | | | 1 | DO | NOT WE | KIIE |
| TITLE | | | l | IN ' | THIS SPA | ACE |
| NAME STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | ļ | | | |
| TITLE | | | 1 | | | |
| NAME STREET ADDRESS | | | I | | | |
| CITY-ST-ZIP | | | 1 | | | |
| TOTAL | | | 1 | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trustee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

| Contraction of the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied and officer or director of the corporation or the receiver or trustee amount of the corporation or the receiver or trustee amount of the corporation of the receiver of trustee amount of the corporation of the receiver of trustee amount of the corporation or the receiver or trustee amount of the corporation of the receiver of trustee amount of the corporation of the corporation of the corporation of the receiver of trustee amount of the corporation of t

NAME STREET ADDRESS CITY-ST-ZIP

OF SIGNING OFFICER OR DIRECTOR