## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000170736

FILED Feb 18, 2005 Secretary of State

Entity Name: SOUTHEASTERN COMMUNITY MENTAL HEALTH CENTER, INC.

Current Principal Place of Business:		New Principal Place of Business:			
13300 SW MIAMI, FL					
Current Mailing Address: 13300 SW 22 ST. MIAMI, FL 33175		New Mailing Address:  13550 KENDALL DRIVE SUITE 130 MIAMI, FL 33186			
				FEI Number	r: 35-2244441
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
CAMEJO, 13300 SW MIAMI, FL					
	e named entity see of Florida.	submits this statement for the	purpose of changing its registe	ered office or registered agent, or both,	
	e of Florida.	submits this statement for the	purpose of changing its registe	ered office or registered agent, or both,	
n the Stat	e of Florida. RE:	submits this statement for the		ered office or registered agent, or both,  Date	
n the Stat SIGNATU	e of Florida.  RE: Electror				
in the Stat SIGNATU Election Ca	e of Florida.  RE: Electror	nic Signature of Registered Agg	ent		
in the Stat SIGNATU Election Ca	e of Florida.  RE: Electror  Impaign Financing  S AND DIREC	nic Signature of Registered Agg Trust Fund Contribution ( ). TORS:  Delete IA E ST.	ent	Date	
in the Stat SIGNATU Election Ca OFFICER Title: Name: Address:	Electron  Electron  Electron  ENE  Electron  ENE  ENE  ENE  ENE  ENE  ENE  ENE  E	nic Signature of Registered Agg Trust Fund Contribution ( ).  TORS: Delete IA E ST. 75 US Delete Z, EVELYN ST.	ent  ADDITIONS/CHAN  Title: Name: Address:	Date IGES TO OFFICERS AND DIRECTOR	

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: MARIA CAMEJO P,D 02/18/2005