


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

2/1

FILED
Mar 07, 2006 8:00 am
Secretary of State

02-16-2006 90045 046 ***150.00

DOCUMENT # P04000170736					
1. Entity Name SOUTHEASTERN COMMUNITY MENTAL HEALTH CENTER, INC.					
Principal Place of Business 13300 SW 22 ST. MIAMI FL 33175			Mailing Address 13550 KENDALL DRIVE SUITE 130 MIAMI FL 33186		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 35-2244441	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMEJO, MARIA E 13300 SW 22 ST. MIAMI FL 33175				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-electing)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P,D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CAMEJO, MARIA E	NAME			
STREET ADDRESS	13300 SW 22 ST.	STREET ADDRESS			
CITY- ST- ZIP	MIAMI FL 33175	CITY- ST- ZIP			
TITLE	VP,D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PUIG-VAZQUEZ, EVELYN	NAME			
STREET ADDRESS	13300 SW 22 ST.	STREET ADDRESS			
CITY- ST- ZIP	MIAMI FL 33175	CITY- ST- ZIP			
TITLE	S,D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PUIG, ELENA	NAME			
STREET ADDRESS	13300 SW 22 ST.	STREET ADDRESS			
CITY- ST- ZIP	MIAMI FL 33175	CITY- ST- ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>MARIA CAMEJO</u> President Evelyn Puig- Vazquez 3/3/06 (305) 383-16565 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



ATTACHMENT

66003787

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2006

SOUTHEASTERN COMMUNITY MENTAL HEALTH CENTER, INC.
13550 KENDALL DRIVE
SUITE 130
MIAMI, FL 33186

Subject: SOUTHEASTERN COMMUNITY MENTAL HEALTH CENTER, INC.

Reference Number: P04000170736

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION