


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90051 015 ***150.00

DOCUMENT # P05000015091 1. Entity Name NEW BEGINNING COMMUNITY MENTAL HEALTH CENTER, INC.					
Principal Place of Business 2340 NW 7TH STREET MIAMI, FL 33125			Mailing Address 2340 NW 7TH STREET MIAMI, FL 33125		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02152007 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 59-3798386	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HITE, CATHERINE 799 BRICKELL PLAZA, SUITE 700 MIAMI, FL 33131			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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 NAME STREET ADDRESS CITY - ST - ZIP	P GUTIERREZ, OLGA 2340 NW 7TH STREET MIAMI, FL 33125 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST ALOMA, NANCY 2340 NW 7TH STREET MIAMI, FL 33125 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2-20-07 <small>Date</small>		
			<small>Daytime Phone #</small>		

ATTACHMENT 40023512
#P05000015091



Division of Corporations

Annual Report

Annual Report Help

Document Number

P05000015091

Business Entity Name

NEW BEGINNING COMMUNITY MENTAL HEALTH CENTER, INC.

FEI Number

593798386

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address

2340 NW 7TH STREET

Suite, Apt. #, etc.

City, State

MIAMI

, FL

Zip Code & Country 33125

Mailing Address

Address

2340 NW 7TH STREET

Suite, Apt. #, etc.

City, State

MIAMI

, FL

Zip Code & Country 33125

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

HITE

, CATHERINE

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 799 BRICKELL PLAZA, SUITE 700

Suite, Apt. #, etc.

City, State

MIAMI

, FL

Zip Code & Country

33131

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

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entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title P
Name (Last, First, Middle, Title) GUTIERREZ , OLGA , ,

- OR -

Entity Name to serve as
Officer/Director

Street Address 2340 NW 7TH STREET
City, State MIAMI , FL
Zip Code & Country 33125

Title VST
Name (Last, First, Middle, Title) ALOMA , NANCY , ,

- OR -

Entity Name to serve as
Officer/Director

Street Address 2340 NW 7TH STREET
City, State MIAMI , FL
Zip Code & Country 33125

Title
Name (Last, First, Middle, Title) , , ,

- OR -

Entity Name to serve as
Officer/Director

Street Address
City, State ,
Zip Code & Country

Title