

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000125921

FILED
Apr 11, 2007
Secretary of State

Entity Name: FLORIDA ESTATE MENTAL HEALTH CARE, INC.

Current Principal Place of Business:

3900 NW 79 AVE., STE. 820
MIAMI, FL 33166

New Principal Place of Business:

3900 NW 79 AVE., STE. 820
DORAL, FL 33166

Current Mailing Address:

3900 NW 79 AVE., STE. 820
MIAMI, FL 33166

New Mailing Address:

3900 NW 79 AVE.,
STE 820
DORAL, FL 33166

FEI Number: 20-3467229

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VILLEGAS, SALVADOR
3900 NW 79 AVE., STE. 820
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

VILLEGAS, SALVADOR
3900 NW 79 AVE., STE. 820
DORAL, FL 33166 US

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:

04/11/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: VILLEGAS, SALVADOR
Address: 3900 NW 79 AVE., STE. 820
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: VILLEGAS, SALVADOR
Address: 3900 NW 79 AVE., STE. 820
City-St-Zip: DORAL, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: SALVADOR VILLEGAS

PSTD

04/11/2007

Electronic Signature of Signing Officer or Director

Date