


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P06000059313 1. Entity Name HIALEAH COMMUNITY MENTAL HEALTH CENTER INC	
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**FILED**  
**Aug 11, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business 755 EAST 8TH AVE. HIALEAH, FL 33010	Mailing Address 755 EAST 8TH AVE. HIALEAH, FL 33010
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08062008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 84-1709935	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, ORESTES L  
521 N.W. 59 CT  
MIAMI, FL 33126

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

U00000957441  
08/11/08-80001-001 150.00

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

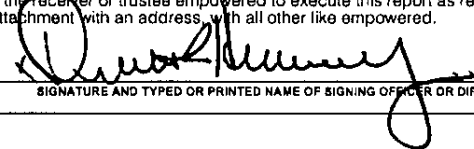
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HERNANDEZ, ORESTES L 521 N.W. 59 CT. MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GOMEZ, MAGALY 15210 SW 15ST MIAMI, FL 33194
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/06/08 (305) 888-5730  
Date Daytime Phone #