

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000059313

1. Entity Name  
HIALEAH COMMUNITY MENTAL HEALTH CENTER INC



Principal Place of Business  
755 EAST 8TH AVE.  
HIALEAH, FL 33010

Mailing Address  
755 EAST 8TH AVE.  
HIALEAH, FL 33010

**FILED**  
**Aug 11, 2008 08:00 AM**  
**Secretary of State**



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 ☐ **\$8.75 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

000000957441  
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	DVP
NAME	HERNANDEZ, ORESTES L
STREET ADDRESS	521 N.W. 59 CT.
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	DP
NAME	GOMEZ, MAGALY
STREET ADDRESS	15210 SW 15ST
CITY-ST-ZIP	MIAMI, FL 33194
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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