

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000059313

FILED  
Jun 01, 2009  
Secretary of State

Entity Name: HIALEAH COMMUNITY MENTAL HEALTH CENTER INC

**Current Principal Place of Business:**

755 EAST 8TH AVE.  
HIALEAH, FL 33010

**New Principal Place of Business:**

**Current Mailing Address:**

755 EAST 8TH AVE.  
HIALEAH, FL 33010

**New Mailing Address:**

FEI Number: 84-1709935

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

GOMEZ, MAGALY  
755 EAST 8TH AVENUE  
HIALEAH, FL 33010 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: MAGALY GOMEZ

06/01/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DVP ( ) Delete  
Name: HERNANDEZ, ORESTES L  
Address: 521 N.W. 59 CT.  
City-St-Zip: MIAMI, FL 33126

Title: DP ( ) Delete  
Name: GOMEZ, MAGALY  
Address: 15210 SW 15ST  
City-St-Zip: MIAMI, FL 33194

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DVP (X) Change ( ) Addition  
Name: HERNANDEZ, ORESTES L  
Address: 755 EAST 8 TH AVENUE  
City-St-Zip: HIALEAH, FL 33010

Title: DP (X) Change ( ) Addition  
Name: GOMEZ, MAGALY  
Address: 755 EAST 8TH AVENUE  
City-St-Zip: HIALEAH, FL 33010

I hereby certify that the information supplied with this filing does not qualify 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: MAGALY GOMEZ

DP

06/01/2009

Electronic Signature of Signing Officer or Director

Date