

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000067439

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** PROFESIONAL MENTAL HEALTH CORP.

**Current Principal Place of Business:**

7500 NW 25TH STREET  
294  
MIAMI, FL 33122 US

**New Principal Place of Business:**

**Current Mailing Address:**

7500 NW 25TH STREET  
294  
MIAMI, FL 33122 US

**New Mailing Address:**

**FEI Number:** 33-1139870      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

REYES, JUAN  
350 NW 27 AVE.  
MIAMI, FL 33125 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: REYES, JUAN  
Address: 350 NW 27 AV.  
City-St-Zip: MIAMI, FL 33125

Title: VP  
Name: GONZALEZ, AUGUSTO  
Address: 11 EAST 60TH ST.  
City-St-Zip: HIALEAH, FL 33013 US

I hereby 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 all other like empowered.

SIGNATURE: JUAN REYES

PD

04/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date