

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000140732

FILED
Feb 23, 2007
Secretary of State

Entity Name: NEW HAVEN MENTAL HEALTH CENTER, CORP.

Current Principal Place of Business:

536 BIRD ROAD
CORAL GABLES, FL 33146 US

New Principal Place of Business:

Current Mailing Address:

536 BIRD ROAD
CORAL GABLES, FL 33146 US

New Mailing Address:

FEI Number: 37-1532869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORALES-GEORGE, BARBARA
536 BIRD ROAD
CORAL GABLES, FL 33146 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MORALES-GEORGE, BARBARA
Address: 536 BIRD ROAD
City-St-Zip: CORAL GABLES, FL 33146 US

Title: D () Delete
Name: OCHOA, LUCIA
Address: 16900 N BAY RD. #512
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

Title: D () Delete
Name: MERCADO, CARMEN C
Address: 500 NW 121 ST.
City-St-Zip: MIAMI, FL 33168 US

Title: D (X) Delete
Name: BAZILE, MANOTTE
Address: 6750 SW 20 CT
City-St-Zip: MIRAMAR, FL 33023 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BARBARA MORALES-GEORGE

D

02/23/2007

Electronic Signature of Signing Officer or Director

_____ Date