

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000140732

FILED
Oct 15, 2009
Secretary of State**Entity Name:** NEW HAVEN MENTAL HEALTH CENTER, CORP.**Current Principal Place of Business:**2040 NE 163 ST. #208
NORTH MIAMI, FL 33162 US**New Principal Place of Business:**2040 NE 163 ST. #208
NORTH MIAMI BEACH, FL 33162 US**Current Mailing Address:**2040 NE 163 ST. #208
NORTH MIAMI, FL 33162 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**OFFICERS AND DIRECTORS:****Title:** P/TR () Delete
Name: MORALES-GEORGE, BARBARA
Address: 536 BIRD ROAD
City-St-Zip: CORAL GABLES, FL 33146 US**Title:** V/SE () Delete
Name: OCHOA, LUCIA
Address: 16900 N BAY RD. #512
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: MORALES-GEORGE, BARBARA
Address: 536 BIRD ROAD
City-St-Zip: CORAL GABLES, FL 33146 US**Title:** VP (X) Change () Addition
Name: MERCADO, CARMEN
Address: 500 NW 121ST ST
City-St-Zip: MIAMI, FL 33168 US**Title:** TR () Change (X) Addition
Name: BAZILE, MANOTTE
Address: 6750 SW 20 CT
City-St-Zip: MIRAMAR, FL 33023

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: BARBARA MORALES-GEORGE

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10/15/2009

Electronic Signature of Signing Officer or Director_____
Date