

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000102377

FILED
Apr 20, 2011
Secretary of State

Entity Name: MULTICULTURAL COMMUNITY MENTAL HEALTH CENTER, INC.

Current Principal Place of Business:

2721 POINSETTIA AVE
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

22721 POINSETTIA AVE.
WEST PALM BEACH, FL 33407

New Mailing Address:

2721 POINSETTIA AVE.
WEST PALM BEACH, FL 33407

FEI Number: 26-1118715

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANUEL L. CRESPO, ESQ., P.A.
10765 S.W. 104TH ST
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

MANNY SUAREZ & ASSOCIATES P.A.
4155 S.W. 130 AVE.,
213
MIAMI, FL 33175 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: MANUEL SUAREZ

04/20/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: HERNANDEZ FABIAN, RAUL
Address: 5200 N. FLAGLER DRIVE APT.406
City-St-Zip: WEST PALM BEACH, FL 33407

Title: DV
Name: MANTILLA, RENE
Address: 800 N.E. 195 ST. UNIT 409
City-St-Zip: MIAMI, FL 33179

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: RAUL HERNANDEZ FABIAN

CEO

04/20/2011

Electronic Signature of Signing Officer or Director

Date