2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P08000017691

Entity Name: DIVERSIFIED MENTAL HEALTH CARE CENTER INC

Current Principal Place of Business:

10961 SW 186 STREET
MIAMI, FL 33157 US

New Principal Place of Business:

10961 SW 186 STREET
CUTLER BAY, FL 33157 US

Current Mailing Address:

10961 SW 186 STREET
MIAMI, FL 33157 US

New Mailing Address:

10961 SW 186 STREET
CUTLER BAY, FL 33157 US

FEI Number: 26-1981969 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GAINZA, JACQUELINE
16141 SW 141 AVE
MIAMI, FL 33177 US

Name and Address of New Registered Agent:

ONE STOP SHOP ENTERPRISES INC
10961 QUAIL ROOST DRIVE
CUTLER BAY, FL 33157 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: JACQUELINE GAINZA 04/29/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: GAINZA, JACQUELINE
Address: 16141 SW 141 AVE
City-St-Zip: MIAMI, FL 33177 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JACQUELINE GAINZA P 04/29/2009
Electronic Signature of Signing Officer or Director Date