

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000091018

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** NEW DIRECTIONS COMMUNITY MENTAL HEALTH CENTER, INC.

**Current Principal Place of Business:**

28870 SOUTH DIXIE HWY., BAYS(S) #4  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

28870 SOUTH DIXIE HWY.  
HOMESTEAD, FL 33033

**Current Mailing Address:**

28870 SOUTH DIXIE HWY., BAYS(S) #4  
HOMESTEAD, FL 33030

**New Mailing Address:**

28870 SOUTH DIXIE HWY.  
HOMESTEAD, FL 33033

**FEI Number:** 80-0276422

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BERNAL, JEANNETTE  
28870 SOUTH DIXIE HWY., BAYS(S) #4  
HOMESTEAD, FL 33030 US

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

BERNAL, JEANNETTE  
28870 SOUTH DIXIE HWY.  
HOMESTEAD, FL 33033 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:

04/25/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BERNAL, JEANNETTE  
Address: 28870 SOUTH DIXIE HWY.  
City-St-Zip: HOMESTEAD, FL 33033

Title: VD  
Name: ROSARIO, LUZ Y  
Address: 28870 SOUTH DIXIE HWY.  
City-St-Zip: HOMESTEAD, FL 33033

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: LUZ Y. ROSARIO

CEO

04/25/2011

Electronic Signature of Signing Officer or Director

Date