2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 21, 2010
Secretary of State

DOCUMENT# P09000051959

Entity Name: OPEN ARMS COMMUNITY MENTAL HEALTH CENTER, INC.

Current Principal Place of Business:

5068 SW 139TH AVENUE
MIRAMAR, FL 33027

New Principal Place of Business:

10645 NW 7 AVE
SUITE 103 & 104
MIAMI, FL 33150

Current Mailing Address:

5068 SW 139TH AVENUE
MIRAMAR, FL 33027

New Mailing Address:

10645 NW 7 AVE
SUITE 103 &104
MIAMI, FL 33150

FEI Number: 27-0387156 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHER-FRERE, NEHEMY
5068 SW 139TH AVENUE
MIRAMAR, FL 33027 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: PD
Name: CHER-FRERE, NEHEMY
Address: 5068 SW 139TH AVENUE
City-St-Zip: MIRAMAR, FL 33027

Title: V
Name: MOREAU, PIERRE
Address: 16285 SW 18 ST
City-St-Zip: MIRAMAR, FL 33027

Title: SD
Name: FRANCOIS, FREUD
Address: 3601 NE 170 ST #405
City-St-Zip: N MIAMI BEACH, FL 33160

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: NEHEMY CHER-FRERE PRES 09/21/2010

Electronic Signature of Signing Officer or Director Date