

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000051959

FILED  
Apr 02, 2011  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**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 (X)**

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

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

Title: SCFO  
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

PCEO

04/02/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date