

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000064396

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Entity Name:** BEC TREATMENT & TRANSITIONAL CENTER, INC.

**Current Principal Place of Business:**

18350 N.W. 2ND AVE., STE 401  
MIAMI GARDENS, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 827292  
PEMBROKE PINES, FL 33082

**New Mailing Address:**

**FEI Number:** 27-0678336

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WHITE, CLARENCE  
18350 NW 2ND AVENUE  
401  
MIAMI GARDENS, FL 33169 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: P  
Name: WHITE, CLARENCE  
Address: 18350 NW 2ND AVENUE SUITE 401  
City-St-Zip: MIAMI GARDENS, FL 33169 US

Title: VP  
Name: ANDERSON, EDDIE  
Address: 18350 NW 2ND AVENUE SUITE 401  
City-St-Zip: MIAMI GARDENS, FL 33169 US

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: CLARENCE WHITE

P

04/29/2012

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

\_\_\_\_\_  
Date