

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000073579

FILED
Apr 12, 2011
Secretary of State

Entity Name: INFINITE BEHAVIORAL HEALTH, INC.

Current Principal Place of Business:

2303 HOLLYWOOD BLVD
SUITE 12
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

2303 HOLLYWOOD BLVD
SUITE 12
HOLLYWOOD, FL 33020

New Mailing Address:

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

Name and Address of Current Registered Agent:

ALAZRACHI, NATALIE
20775 NE 32ND PLACE
AVENTURA, FL 33180 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: ALAZRACHI, NATALIE
Address: 20775 NE 32 PLACE
City-St-Zip: AVENTURA, FL 33180

Title: VP
Name: DE FILLIPO, ANTONIO
Address: 1143 VANBUREN ST.
City-St-Zip: HOLLYWOOD, FL 33019

Title: T
Name: ROSE, JENNIFER
Address: 8301 NW 57TH CT
City-St-Zip: TAMARAC, FL 33321

Title: S
Name: ALAZRACHI, DANIELA
Address: 2303 HOLLYWOOD BLVD., SUITE 12
City-St-Zip: HOLLYWOOD, FL 33020

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: NATALIE ALAZRACHI

PRES

04/12/2011

Electronic Signature of Signing Officer or Director

Date