

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000068395

FILED  
Feb 03, 2008  
Secretary of State

Entity Name: NEUROBEHAVIORAL INSTITUTE OF MIAMI, INC.

**Current Principal Place of Business:**

1378 CORAL WAY  
SUITE 500  
MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 142064  
CORAL GABLES, FL 331142064

**New Mailing Address:**

FEI Number: 65-0585789

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HERRERA, JORGE A  
1378 CORAL WAY #500  
MIAMI, FL 33143 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HERRERA, JORGE A  
Address: 1378 CORAL WAY, SUITE 500  
City-St-Zip: MIAMI, FL 33145

Title: VP ( ) Delete  
Name: DIEGUEZ, NORA  
Address: 2801 PONCE DE LEON 780  
City-St-Zip: MIAMI, FL 33134

Title: S ( ) Delete  
Name: VILCHES, ADRIANA D  
Address: 2801 PONCE DE LEON 780  
City-St-Zip: MIAMI, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: DIEGUEZ, NORA  
Address: 100 MIRACLE MILE, SUITE 330  
City-St-Zip: CORAL GABLES, FL 33134

Title: S (X) Change ( ) Addition  
Name: VILCHES, ADRIANA D  
Address: 100 MIRACLE MILE, SUITE 330  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: NORA DIEGUEZ

VP

02/03/2008

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

\_\_\_\_\_  
Date