

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000097072 (9)**

1. Corporation Name

**COMPREHENSIVE MENTAL HEALTH CONSULTANTS, INC.**



Principal Place of Business

6800 S.W. 40TH ST.  
BOX 231  
MIAMI FL 33155-6800

Mailing Address

6800 S.W. 40TH ST.  
BOX 231  
MIAMI FL 33155-6800

3. Date Incorporated or Qualified  
**12/26/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **3119 SW 139 CT**

26 **3119 SW 139 CT**

4. FEI Number  
**65-0628166**

Applied For  
Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

22 City & State  
**MIAMI FL**

27 City & State  
**MIAMI FL**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23 Zip **33175** Country **DADE**

28 Zip **33175** Country **DADE**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SANCHEZ, ARNALDO L F**  
6800 S.W. 40TH ST.  
BOX 231  
MIAMI FL 33155-6800

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0509 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in this State. Florida Statute change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0509, Florida Statutes.

SIGNATURE:

**4/29/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
NAME **PD SANCHEZ, ARNALDO F**  
STREET ADDRESS **6800 S.W. 40TH ST. BOX 231**  
CITY-ST-ZIP **MIAMI FL**

TITLE  DELETE  
NAME **SD PADILLA, ARMANDO**  
STREET ADDRESS **6800 S.W. 40TH ST. BOX 231**  
CITY-ST-ZIP **MIAMI FL**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
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CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or its receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment to this address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/96**

**(305) 554-0539**

CR2E084 (12/95)