2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2013
Secretary of State
CC6686937036

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Entity Name: COMPREHENSIVE TREATMENT CENTER OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

4160 WEST 16TH AVE
SUITE 302
HIALEAH, FL 33012

Current Mailing Address:

4160 WEST 16TH AVE
SUITE 302
HIALEAH, FL 33012

FEI Number: 65-0875322

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CABRERA, RAMON
4160 WEST 16TH AVE
SUITE 302
HIALEAH, FL 33012 US

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

Officer/Director Detail :

Title	CEO
Name	CABRERA, RAMON
Address	4160 WEST 16TH AVE, SUITE 302
City-State-Zip:	HIALEAH FL 33012

Title	DIR
Name	SOTOMAYOR, CARLOS
Address	4160 WEST 16TH AVE, SUITE 302
City-State-Zip:	HIALEAH FL 33012

Title	DIR
Name	RODRIGUEZ, JEANINE
Address	4160 WEST 16TH AVE, SUITE 302
City-State-Zip:	HIALEAH FL 33012

Title	DIR
Name	ALVAREZ, FRANK-CRUZ
Address	4160 WEST 16TH AVE, SUITE 302
City-State-Zip:	HIALEAH FL 33012

Title	T
Name	CABRERA, IRENE
Address	4160 WEST 16TH AVE, SUITE 302
City-State-Zip:	HIALEAH FL 33012

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RAMON CABRERA CEO 02/07/2013

Electronic Signature of Signing Officer/Director Detail — Date