

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90022 021 ****61.25

DOCUMENT # N06000003786		
1. Entity Name A.M.I.-FUNCTIONAL FAMILY THERAPY, INC.		

Principal Place of Business 690 E DUVAL STREET LAKE CITY, FL 32055-3485	Mailing Address 690 E DUVAL STREET LAKE CITY, FL 32055-3485
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40043236



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03042008 Chg-NP CR2E037 (12/06)

4. FEI Number 20-4525491	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HULL, DAVID J 225 WATER STREET SUITE 1800 JACKSONVILLE, FL 32202		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

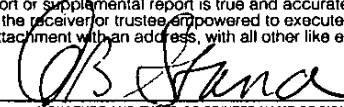
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	STANDER, O.B.			NAME			
STREET ADDRESS	3915 BENJAMIN CENTER DR.			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33634			CITY-ST-ZIP			
TITLE	TD	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	GRIFFIN, WILLIAM L			NAME			
STREET ADDRESS	5915 BENJAMIN CENTER DR.			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33634			CITY-ST-ZIP			
TITLE	SD	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	ESTREN, JUDY L			NAME			
STREET ADDRESS	5915 BENJAMIN CENTER DR			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33634			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #