2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# N06000003786

Entity Name: A.M.I.-FUNCTIONAL FAMILY THERAPY, INC.

Current Principal Place of Business:

690 E DUVAL STREET
LAKE CITY, FL 320553485

New Principal Place of Business:

922 SOUTHWEST BAYA DR
LAKE CITY, FL 32025

Current Mailing Address:

690 E DUVAL STREET
LAKE CITY, FL 320553485

New Mailing Address:

922 SOUTHWEST BAYA DR
LAKE CITY, FL 32025

FEI Number: 20-4525491 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HULL, DAVID J
225 WATER STREET SUITE 1800
JACKSONVILLE, FL 32202 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: PD ( ) Delete
Name: STANDER, O.B.
Address: 3915 BENJAMIN CENTER DR.
City-St-Zip: TAMPA, FL 33634

Title: TD ( ) Delete
Name: GRIFFIN, WILLIAM L
Address: 5915 BENJAMIN CENTER DR.
City-St-Zip: TAMPA, FL 33634

Title: SD ( ) Delete
Name: ESTREN, JUDY L
Address: 5915 BENJAMIN CENTER DR
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

SIGNATURE: O.B. STANDER PD 02/18/2009

Electronic Signature of Signing Officer or Director — Date