

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000005206

**Entity Name:** CHILDHOOD ANXIETY NETWORK INC**Current Principal Place of Business:**19 SEPTEMBER DR  
GREENLAND, NH 03840**Current Mailing Address:**PO BOX 582  
GREENLAND, NH 03840 US**FEI Number:** 65-0946164**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KOVAC, LISA  
421 HILLCREST DR.  
OVIEDO, FL 32765 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 PRES  
Name KOTRBA, AIMEE PHD  
Address THRIVING MINDS BEHAVIORAL  
HEALTH  
10327 E. GRAND RIVER SUITE 406  
City-State-Zip: BRIGHTON MI 48116

Title SEC  
Name MORGAN-GILLARD, SHANNON  
PSY.D.  
Address 7216 SHAFTESBURY AVENUE  
City-State-Zip: ST. LOUIS MO 63130

Title DIR  
Name ANAN, RUTH M. PHD, BCBA  
Address WILLIAM BEAUMONT HOSPITAL  
1695 WEST TWELVE MILE ROAD  
SUITE 120  
City-State-Zip: BERKLEY MI 48072

Title DIR  
Name KLEIN, EVELYN R. PHD, CCC-SLP,  
BRS-CL  
Address LA SALLE UNIVERSITY, SLHS  
PROGRAM  
1900 W. OLNEY BLVD. ST. BENILDE  
TWR., 2ND FLOOR  
City-State-Zip: PHILADELPHIA PA 19141

Title TREA  
Name SEGGERMAN, RICHARD  
Address 1201 COUNTRY MEADOWS DRIVE  
City-State-Zip: WAVERLY IA 50677

Title DIR  
Name HESS, ESTHER PHD  
Address 229 SO. SEPULVEDA BLVD.  
#308  
City-State-Zip: LOS ANGELES CA 90064

Title DIR  
Name JOFFE, VERA PHD  
Address 10167 NW 31ST STREET  
City-State-Zip: CORAL SPRINGS FL 33065

Title EXECUTIVE DIR  
Name KOVAC, LISA ED.S.  
Address 421 HILLCREST DRIVE  
City-State-Zip: OVIEDO FL 32765

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*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:** AIMEE KOTRBA, PH.D.**PRESIDENT****02/23/2013**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIR  
Name MARTIS, PAMELA  
Address 116 VIA ESTRELLITA  
City-State-Zip: REDONDO BEACH CA 90277

Title DIR  
Name KURTZ, STEVEN PHD, ABPP  
Address CHILD MIND INSTITUTE  
445 PARK AVENUE  
City-State-Zip: NEW YORK NY 10022

Title DIR  
Name COLVEY, KEVIN PENG, MBA  
Address KINNEX BUSINESS ADVISORS  
2 ROSEWOOD COURT  
City-State-Zip: DARTMOUTH NOVA SCOTIA B2W,  
6K3

Title DIR  
Name SCHULMAN, MICHAEL D. ESQ  
Address WARNER CENTER - PLAZA VI  
21800 OXNARD ST. SUITE 750  
City-State-Zip: WOODLAND HILLS CA 91367