

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000051658

**Entity Name:** THE CENTRE FOR COUNSELING OF AVENTURA, INC.

**Current Principal Place of Business:**

21110 BISCAYNE BLVD.  
SUITE 304  
AVENTURA, FL 33180

**Current Mailing Address:**

21110 BISCAYNE BLVD.  
SUITE 304  
AVENTURA, FL 33180

**FEI Number:** 65-0601504

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GRABOIS, LORI  
21110 BISCAYNE BLVD  
#304  
AVENTURA, FL 33180 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:** LORI A. GRABOIS, M.D.

02/11/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GRABOIS, LORI A M.D.  
Address        21110 BISCAYNE BLVD. STE 304  
City-State-Zip: AVENTURA FL 33180

Title            VP  
Name            PRAVDER, LEE M.D.  
Address        21110 BISCAYNE BLVD.  
                 SUITE 304  
City-State-Zip: AVENTURA FL 33180

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

**SIGNATURE:** LORI GRABOIS

**AUTHORIZED MEMBER**

02/11/2019

Electronic Signature of Signing Officer/Director Detail

Date