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FILED

Feb 05 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 718324 (7)

1. Corporation Name

FAMILY COUNSELING SERVICES OF GREATER MIAMI, INC

Principal Place of Business

Mailing Address

3050 BISCAYNE BLVD  
8TH FLOOR  
MIAMI FL 33137  
US3050 BISCAYNE BLVD  
8TH FLOOR  
MIAMI FL 33137-4143  
US3. Date Incorporated or Qualified  
03/20/19703a. Date of Last Report  
06/12/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1312775

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KLEES, PHILIP S  
3050 BISCAYNE BLVD  
8TH FLOOR  
MIAMI FL 33137

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE  
NAME KNISKERN, DOUGLAS  
STREET ADDRESS 1946 TYLER ST.  
CITY-ST-ZIP HOLLYWOOD FL1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME ABREU, ALEX J.  
1.3 STREET ADDRESS 100 SE 2 Street 15th Floor  
1.4 CITY-ST-ZIP Miami, FL 33131TITLE VD ☒ DELETE  
NAME ADAMS, LARRY  
STREET ADDRESS 9299 NW 13TH ST.  
CITY-ST-ZIP MIAMI FL2.1 TITLE VD ☒ Change ☐ Addition  
2.2 NAME PUNAL, FRANK  
2.3 STREET ADDRESS 100 So Biscayne Blvd Suite 1500  
2.4 CITY-ST-ZIP Miami, FL 33131TITLE VD ☒ DELETE  
NAME ALVAREZ, BETTY  
STREET ADDRESS 7871 SCHOOL HOUSE ROAD  
CITY-ST-ZIP MIAMI FL3.1 TITLE TD ☒ Change ☐ Addition  
3.2 NAME HOLLANDER, MORRIS I.  
3.3 STREET ADDRESS 1 SE 3rd Avenue 10th Floor  
3.4 CITY-ST-ZIP MIAMI, FL 33131TITLE TD ☒ DELETE  
NAME CASTILLO, FELIX  
STREET ADDRESS 625 UNIVERSITY DR.  
CITY-ST-ZIP CORAL GABLES FL4.1 TITLE SD ☒ Change ☐ Addition  
4.2 NAME ROMERO, IBIS  
4.3 STREET ADDRESS 400 SE 2nd Avenue  
4.4 CITY-ST-ZIP Miami, FL 33131TITLE SD ☒ DELETE  
NAME DIAZ-MIRANDA, MERCY  
STREET ADDRESS 9800 SUNSET DR.  
CITY-ST-ZIP MIAMI FL5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE MD ☐ DELETE  
NAME KLEES, PHILIP S.  
STREET ADDRESS 3050 BISCAYNE BLVD., 8TH FLOOR  
CITY-ST-ZIP MIAMI FL 331376.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-97 (305) 578-2500

Date

Daytime Phone # 0029351

CR2E037 (9/96)