


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90047 039 \*\*\*\*70.00

<b>DOCUMENT # 718324</b> 1. Entity Name <b>FAMILY COUNSELING SERVICES OF GREATER MIAMI, INC.</b>					
Principal Place of Business <b>10651 N KENDALL DR STE 100 MIAMI, FL 33176 US</b>			Mailing Address <b>10651 N KENDALL DR STE 100 MIAMI, FL 33176 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-1312775</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>KLEES, PHILIP S 10651 N KENDALL DR STE 100 MIAMI, FL 33176</b>				7. Name and Address of New Registered Agent Name <b>Josie Diaz</b> Street Address (P.O. Box Number is Not Acceptable) <b>10651 N. Kendall Drive, Suite 100</b> City <b>Miami</b>	
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.				Zip Code <b>33176</b>	
SIGNATURE <u><i>Josie L. Diaz</i></u> , <b>Josie L. Diaz, Chief Executive Officer</b> <span style="float: right;">1/14/04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLLANDER, MORRIS L <input type="checkbox"/> Delete ONE SE THIRD AVE., 10TH FL MIAMI, FL 33131			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COSIO, RAUL J <input type="checkbox"/> Delete 701 BRICKELL AVE., STE #3000 MIAMI, FL 33131			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GUTIERREZ, GINNY <input type="checkbox"/> Delete 1501 VENERA AVE., STE#310 CORAL GABLES, FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAGINLEY, DONOVAN A <input type="checkbox"/> Delete 2 S BISCAYNE BLVD #2800 MIAMI, FL 33131			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABREU, ALEX J <input type="checkbox"/> Delete ONE FINANCIAL PLAZA, 13TH FL FORT LAUDERDALE, FL 33394			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I 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 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: <u><i>Morris L. Hollander</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				01/13/04 (305) 271-9800 <small>Date Daytime Phone #</small>	