2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#718324

FILED Jul 01, 2005 Secretary of State

Entity Name: FAMILY COUNSELING SERVICES OF GREATER MIAMI, INC.

10651 N KENDALL DR STE 100 MIAMI, FL 33176 US Current Mailing Address: 10651 N KENDALL DR STE 100 MIAMI, FL 33176 US FEI Number: 59-1312775 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of New Registered Agent: Name and Address of New Registered A	, ,
MIAMI, FL 33176 US Current Mailing Address: New Mailing Address: 10651 N KENDALL DR STE 100 MIAMI, FL 33176 US FEI Number: 59-1312775 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	, ,
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	Agent:
DIAZ, JOSIE 10651 N KENDALL DR STE 100 MIAMI, FL 33176 US The above named entity submits this statement for the purpose of changing its registered office or registered in the State of Florida.	agent, or both,
SIGNATURE:	
Electronic Signature of Registered Agent Date	
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS:
Title: PD () Delete Title: () Change () Addition Name: HOLLANDER, MORRIS L Name: Address: ONE SE THIRD AVE., 10TH FL Address: City-St-Zip: MIAMI, FL 33131 City-St-Zip:	
Title: VD () Delete Title: () Change () Addition Name: COSIO, RAUL J Name: Address: 701 BRICKELL AVE., STE #3000 Address: City-St-Zip: MIAMI, FL 33131 City-St-Zip:	
Title: VD () Delete Title: () Change () Addition Name: GUTIERREZ, GINNY Name: Address: 1501 VENERA AVE., STE#310 Address: City-St-Zip: CORAL GABLES, FL City-St-Zip:	
Title: TD () Delete Title: () Change () Addition Name: MAGINLEY, DONOVAN A Name: Address: 2 S BISCAYNE BLVD #2800 Address: City-St-Zip: MIAMI, FL 33131 City-St-Zip:	
Title: D () Delete Title: () Change () Addition Name: ABREU, ALEX J Name: Address: ONE FINANCIAL PLAZA, 13TH FL City-St-Zip: FORT LAUDERDALE, FL 33394 City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MORRIE HOLLANDER PD 07/01/2005