

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 730506**

1. Entity Name  
**AGORAPHOBIA, ANOREXIA, & BULIMIA RESOURCE  
CENTER, INC.**



Principal Place of Business  
**111 MAJORCA AVENUE  
B  
CORAL GABLES, FL 33134 US**

Mailing Address  
**111 MAJORCA AVE.  
B  
CORAL GABLES, FL 33134 US**

**DO NOT WRITE IN THIS SPACE**



01252006 No Chg-NP

CR2E037 (11/05)

4. FEI Number  
**59-2157553**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BARON, RICHARD, ESQ.  
11077 BISCAYNE BLVD.  
MIAMI, FL 33161**

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000518771  
05/02/06-80025-009 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	LEVINE, PAULA
STREET ADDRESS	255 ALHAMBRA CIRCLE
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	STD
NAME	LEVINE, JACK B
STREET ADDRESS	600 GRAPETREE DR APT 6CS
CITY-ST-ZIP	KEY BISCAYNE, FL
TITLE	D
NAME	BARON, RICHARD
STREET ADDRESS	11077 BISCAYNE BLVD.
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PAULA LEVINE**

Date

Daytime Phone

**✓ Apr 15/06 305-2154**