

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 11 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F03106

(4)

1. Corporation Name

COUNSELING AFFILIATES, P.A.

Principal Place of Business

2901 STIRLING RD #307
FT. LAUDERDALE FL 33312
US

Mailing Address

2901 STIRLING RD #307
FT. LAUDERDALE FL 33312
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/24/1980

3a. Date of Last Report

04/27/1994

2. Principal Place of Business

21 1041 IVES DAIRY RD

2a. Mailing Address

26 1041 IVES DAIRY RD

4. FEI Number

59-2066651

Applied For

Not Applicable

Suite, Apt. #, etc.

22 #139

Suite, Apt. #, etc.

27 #139

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

City & State

23 MIAMI FLA

City & State

28 MIAMI FLA

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be

Added to Fees

Zip

24 33179

Country

25 USA

Zip

29 33179

Country

30 USA

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RIEVMAN, STEVEN
2901 STIRLING ROAD
SUITE 307
33312

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1041 IVES DAIRY RD.

83 #139

84 City MIAMI

FL

85 Zip Code

33179

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 607.0505, Florida Statutes.

SIGNATURE

Steven Rievmann

President

STEVEN RIEVMAN

3/29/95

Sign (and, if applicable, printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME RIEVMAN, DR. STEVEN
STREET ADDRESS 2901 STIRLING ROAD, SUITE 409
CITY, ST, ZIP FT. LAUDERDALE, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSD
1.2 NAME RIEVMAN, DR. STEVEN
1.3 STREET ADDRESS 1041 IVES DAIRY RD #139
1.4 CITY, ST, ZIP MIAMI, FL 33179
☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changed, or on an attachment with an address.

SIGNATURE:

Steven Rievmann

STEVEN RIEVMAN

President

3/29/95

305-963-3650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number