

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Jan 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F92000000761 (8)

1. Corporation Name:
FAMILY MEDIATION SERVICES, INC.



Principal Place of Business

255 N. WASH. ST.
#200
ROCKVILLE MD 20850
US

Mailing Address

255 N. WASH. ST.
#200
ROCKVILLE MD 20850-1703
US

3. Date Incorporated or Qualified
12/03/1992

3a. Date of Last Report
01/30/1996

2. Principal Place of Business

21 211 MASSBURY STREET
Suite, Apt. #, etc.

2a. Mailing Address

26 211 MASSBURY STREET
Suite, Apt. #, etc.

4. FEI Number
52-1807456

Applied For
Not Applicable

22 City & State
GAITHERSBURG, MD

27 City & State
GAITHERSBURG, MD

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip
20878

24 Country
USA

28 Zip
20878

29 Country
USA

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

GOLDBERG, MAX M
10300 WEST BAY HARBOR DR.
#68
BAY HARBOR ISLANDS FL 33154

10. Name and Address of New Registered Agent

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 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, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DCPT	<input type="checkbox"/> DELETE
NAME	GOLDBERG, DAVID S	
STREET ADDRESS	255 N WASH ST #200	
CITY-ST-ZIP	ROCKVILLE MD	
TITLE	DVCS	<input type="checkbox"/> DELETE
NAME	GOLDBERG, SUSAN E	
STREET ADDRESS	255 N WASH ST #200	
CITY-ST-ZIP	ROCKVILLE MD	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GOLDBERG, SUSAN E	
STREET ADDRESS	255 N WASH ST #200	
CITY-ST-ZIP	ROCKVILLE MD	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	211 MASSBURY ST.
1.4 CITY-ST-ZIP	GAITHERSBURG MD 20878
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	211 MASSBURY ST.
2.4 CITY-ST-ZIP	GAITHERSBURG MD 20878
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	211 MASSBURY ST.
3.4 CITY-ST-ZIP	GAITHERSBURG MD 20878
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 registered trustee empowered to execute this report as required by Chapter 607, 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

Date

Daytime Phone #

0008720

CR2E034 (9/96)