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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90004 036 ***150.00

DOCUMENT # J19463

1. Corporation Name

FAMILY THERAPY, INC.



Principal Place of Business

Mailing Address

~~6577 CIRCLE BLVD~~
~~NEW PORT RICHEY FL 34852~~

~~6577 CIRCLE BLVD~~
~~NEW PT. RICHEY FL 34852~~

13078 S. Hwy 25
OKLAHAWA, FL 32179

13078 S. Hwy 25
OKLAHAWA, FL 32179

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 13078 S. Hwy 25

26 13078 S. Hwy 25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 OKLAHAWA, FL

28 OKLAHAWA, FL

Zip

Country

Zip

Country

24 32179 25 MARIAN

29 32179 30 MARIAN

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAUFMAN, GREGORY C.

~~6577 CIRCLE BLVD~~
~~NEW PORT RICHEY FL 34852~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

13078 S. Hwy 25

83

84 City OKLAHAWA

FL

85 Zip Code 32179

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME KAUFMAN, GREGORY C.
STREET ADDRESS 7621 LITTLE RD #300
CITY-ST-ZIP NEW PT RICHEY FL

1.1 TITLE DP
1.2 NAME KAUFMAN, GREGORY C
1.3 STREET ADDRESS 13078 S. Hwy 25
1.4 CITY-ST-ZIP OKLAHAWA, FL 32179

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GREGORY C. KAUFMAN

4/13/99 (352) 288-2491

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)