

**FILED**

04-30-2001 90365 042 \*\*\*150.00

UUU43203



DO NOT WRITE IN THIS SPACE

DOCUMENT # J91287

1. Entity Name

DEBORAH SOFFER, M.S. ASSOCIATED COUNSELING SERVI

Principal Place of Business

C/O DEBORAH SOFFER  
915 MIDDLE RIVER DR. #210  
FT. LAUDERDALE FL 33304

Mailing Address

C/O DEBORAH SOFFER  
915 MIDDLE RIVER DR. #210  
FT. LAUDERDALE FL 33304

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SOFFER, DEBORAH  
915 MIDDLE RIVER DR. #210  
FT. LAUDERDALE, FL FL 33304

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

SOFFER, DEBORAH

915 MIDDLE RIVER DR.

FT. LAUDERDALE FL

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

13. 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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

4/10/01

9545633306

Daytime Phone #


FILED

Apr 30, 2001 8:00 am

Secretary of State

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4. FEI Number

65-0005325

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required