

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L49899

1. Entity Name

THE CENTER FOR TREATMENT OF PHOBIAS AND ANXIETY

Principal Place of Business

16244 S MILITARY TRAIL
SUITE 610
DELRAY BEACH FL 33484

Mailing Address

16244 S MILITARY TRAIL
SUITE 610
DELRAY BEACH FL 33484-6532

2. Principal Place of Business

4800 Linton Blvd

3. Mailing Address

4800 Linton Blvd

Suite, Apt. #, etc.

D 503

Suite, Apt. #, etc.

D503

City & State

Delray Beach FL

City & State

Delray Beach FL

Zip

33445

Country

Palm

Zip

33445

Country

Palm

6. Name and Address of Current Registered Agent

FEDER, LAWRENCE H.
2450 HOLLYWOOD BLVD
SUITE 401
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name

Andrew Rosen

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

4800 Linton Blvd # D503

City

Delray Beach

FL

Zip Code
33445

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

Andrew Rosen

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	ROSEN, ANDREW PH.D	
STREET ADDRESS	16244 S MILITARY TRAIL	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

Andrew Rosen

4/27/00

Date

561496098

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90127 021 ***150.00