

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L75352

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Entity Name:** ASSOCIATES FOR HUMAN DEVELOPMENT, P.A.

**Current Principal Place of Business:**

2699 STIRLING ROAD  
SUITE A-105  
HOLLYWOOD, FL 33312 US

**New Principal Place of Business:**

**Current Mailing Address:**

2699 STIRLING ROAD  
SUITE A-105  
HOLLYWOOD, FL 33312 US

**New Mailing Address:**

**FEI Number:** 65-0243921

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DESMIDT, CHERYL M LMFT  
2699 STIRLING ROAD  
SUITE A-105  
HOLLYWOOD, FL 33312 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: DESMIDT, CHERYL M LMFT  
Address: 2699 STIRLING ROAD, SUITE A-105  
City-St-Zip: HOLLYWOOD, FL 33312

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHERYL M. DESMIDT, LMFT

PRES

04/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date