

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M44843

FILED  
Mar 23, 2011  
Secretary of State

Entity Name: PARENT CHILD BEHAVIOR CLINIC, INC.

**Current Principal Place of Business:**

C/O BENJAMIN ISOM  
111 NW 183 ST STE 351  
MIAMI, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

C/O BENJAMIN ISOM  
111 NW 183 ST. STE 351  
MIAMI, FL 33169

**New Mailing Address:**

C/O BENJAMIN ISOM  
111 NW 183 ST STE 351  
MIAMI, FL 33169

FEI Number: 65-0036025

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ISOM, BENJAMIN  
111 NW 183 ST  
STE 351  
MIAMI, FL 33169 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: D  
Name: ISOM, HASANI  
Address: 111 NW 183 ST STE 351  
City-St-Zip: MIAMI, FL 33127

Title: S  
Name: ISOM, JAMILLA  
Address: 111 NW 183 ST STE 351  
City-St-Zip: MIAMI, FL 33169

Title: P  
Name: ISOM, BENJAMIN  
Address: 111 NW 183 ST. STE351  
City-St-Zip: MIAMI, FL 33169

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: BENJAMIN ISOM

P

03/23/2011

Electronic Signature of Signing Officer or Director

Date