

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90130 044 \*\*\*150.00

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**DOCUMENT # M49291**

1. Entity Name

**COUNSELING AND PSYCHOTHERAPY CENTER OF CORAL SPRINGS, INC.**



Principal Place of Business

**9600 W SAMPLE RD  
SUITE 306  
CORAL SPRINGS FL 33065  
US**

Mailing Address

**P O BOX 8787  
~~SUITE #122~~ No Suite #  
CORAL SPRINGS FL 33075  
US**



2. Principal Place of Business

**9441 W. SAMPLE RD**

3. Mailing Address

**No Suite #**

Suite, Apt., #, etc.

**208**

Suite, Apt., #, etc.

**No Suite #**

City & State

**Coral Springs, FL**

City & State

**No Suite #**

Zip

**33065**

Country

**USA**

Zip

**No Suite #**

Country

**No Suite #**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**59-2789447**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HERNANDEZ, OREN  
9600 W SAMPLE RD  
SUITE 306  
CORAL SPRINGS FL 33065**

7. Name and Address of New Registered Agent

Name

**9441 W. Sample RD.**

**208**

**Coral Springs**

**FL**

Zip Code

**33065**

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

*[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ Delete  
NAME **HERNANDEZ, OREN**  
STREET ADDRESS **9600 W SAMPLE RD SUITE 306**  
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 601, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

814-753-1552

CR2E034 (10/02)