2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004730

FILED Feb 25, 2012 Secretary of State

Entity Name: BROWARD ASSOCIATION FOR MARRIAGE AND FAMILY THERAPY, INC.

Current Principal Place of Business: New Principal Place of Business:

2615 NE 49 ST 2425 E COMMERCIAL BLVD

APT 106 STE 400

FORT LAUDERDALE, FL 33308 US FORT LAUDERDALE, FL 33308 US

Current Mailing Address: New Mailing Address:

PO BOX 291341

DAVIE, FL 333291341 US

FEI Number: 20-1107577 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

RHODES, MICHAEL S

2615 NE 49 ST

CAMPBELL, KATE M

2425 E COMMERCIAL BLVD

APT 106 STE 400

FORT LAUDERDALE, FL 33308 US FORT LAUDERDALE, FL 33308 US

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: KATE M. CAMPBELL, PH.D. 02/25/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DR.

Name: CAMPBELL, KATE M PRESIDE
Address: 2425 E COMMERCIAL BLVD., STE. 400
City-St-Zip: FORT LAUDERDALE, FL 33308 US

Title: DR.

Name: HELLER, RANDY VP

Address: 2 S UNIVERSITY DRIVE, STE 220 City-St-Zip: PLANTATION, FL 33324 US

Title: MS.

Name: PONCZEK, CATHY TREASUR Address: 9730 NW 63 PLACE City-St-Zip: PARKLAND, FL 33076

Title: DR

Name: COTTON, JEFFREY SECRETA Address: 2650 S COURSE DR #106 City-St-Zip: POMPANO BEACH, FL 33069

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KATE M. CAMPBELL DR 02/25/2012