2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Dec 20, 2012
Secretary of State

DOCUMENT# N04000004730

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

Current Principal Place of Business:

2425 E COMMERCIAL BLVD
STE 400
FORT LAUDERDALE, FL 33308 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 291341
DAVIE, FL 333291341 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Title: MS.
Name: KATIE, LEMIEUX VP
Address: 1881 N. UNIVERSITY DR., STE. 210
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: MS.
Name: PONCZEK, CATHY TREASUR
Address: 4699 N. FEDERAL HIGHWAY STE. 101A
City-St-Zip: POMPANO BEACH, FL 33064 US

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: DR. KATE M. CAMPBELL PRES 12/20/2012

Electronic Signature of Signing Officer or Director Date