

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N48250

**FILED**  
**Jan 19, 2010**  
**Secretary of State**

**Entity Name:** KEDEM COUNSELING CENTER, INC.

**Current Principal Place of Business:**

3550 BISCAYNE BLVD  
STE 308  
MIAMI, FL 33137 US

**New Principal Place of Business:**

**Current Mailing Address:**

1047 ASTURIA AVE.  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 65-0298192

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KEDEM, ARI  
1047 ASTURIA AVENUE  
CORAL GABLES, FL 33134 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: KEDEM, LORETTA  
Address: 1047 ASTURIA AVE  
City-St-Zip: CORAL GABLES, FL 33134

Title: D  
Name: KEDEM, SAM  
Address: 872 TIMES SQUARE  
City-St-Zip: NEW YORK, NY 10108

Title: DIR.  
Name: KEDEM, ARI DR  
Address: 1047 ASTURIA AVE.  
City-St-Zip: CORAL GABLES, FL 33134

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: LORETTA KEDEM

OFF.

01/19/2010

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

\_\_\_\_\_  
Date