

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000084336

FILED  
Apr 29, 2010  
Secretary of State

**Entity Name:** FAMILY PSYCHOLOGICAL WELLNESS CENTER, INC.

**Current Principal Place of Business:**

7600 RED ROAD  
309 - PENTHOUSE  
MIAMI, FL 33143

**New Principal Place of Business:**

11160 SW 88 STREET  
100  
MIAMI, FL 33176

**Current Mailing Address:**

7975 SW 120 PL  
MIAMI, FL 33183

**New Mailing Address:**

**FEI Number:** 42-1555667

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NUNEZ, AILEEN  
7975 SW 120 PL  
MIAMI, FL 33183 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: VPTD  
Name: NUNEZ, MODESTO T VPRES  
Address: 7975 SW 120 PL  
City-St-Zip: MIAMI, FL 33183

Title: PSD  
Name: NUNEZ, AILEEN PRES  
Address: 7975 SW 120 PL  
City-St-Zip: MIAMI, FL 33183

Title: SECT  
Name: NUNEZ, DANIEL T  
Address: 7975 SW 120 PL  
City-St-Zip: MIAMI, FL 33183

Title: TREA  
Name: NUNEZ, MICHAEL A  
Address: 7975 SW 120 PL  
City-St-Zip: MIAMI, FL 33183

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: AILEEN NUNEZ

PRES

04/29/2010

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

\_\_\_\_\_  
Date