2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 19, 2006 08:00 AM Secretary of State DOCUMENT # P03000014273 FAMILY THERAPY CLINIC OF MIAMI, INC. Mailing Address Principal Place of Business 9380 SW 72ND STREET 9380 SW 72ND STREET #207 #207 MIAMI, FL 33173 MIANII, FL 33173 04152006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 18-1654100 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent CASTRO, VILMA DO NOT WRITE 9380 SW 72ND STREET #207 IN THIS SPACE MIAMI, FL 33173 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 Fiorida. I am familiar with, and accept the obligations of registered agent. ed agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution, Added to Fees 10. OFFICERS AND DIRECTORS TITLE CASTRO, VILMA_ STATUTE STREET ADDRESS 9380 SW 72ND STREET STE: 207 CITY-ST-ZIP MIAMI, FL 33173 U00b00519319 THILE 05/02/06-80049-016 150. NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADORESS DO NOT WRITE CHY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-20P TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 daith; 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 in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

NO TYPED AR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

FILED

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