

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000020288

FILED
Jan 18, 2007
Secretary of State

Entity Name: FLORIDA INSTITUTE FOR RECOVERY & SEX THERAPY, INC.

Current Principal Place of Business:

803 N.E. 4TH AVENUE
FORT LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

803 N.E. 4TH AVENUE
FORT LAUDERDALE, FL 33304

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARLOCK, VICTOR P
1737 N.E. 26TH DRIVE
WILTON MANORS, FL 33334 US

Name and Address of New Registered Agent:

JAMIESON, JOHN A
803 NE 4TH AVE
FORT LAUDERDALE, FL 33304-260 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: JOHN A. JAMIESON

01/18/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: GARLOCK, VICTOR P
Address: 1737 NE 26TH DRIVE
City-St-Zip: WILTON MANORS, FL 33334

Title: D () Delete
Name: JAMIESON, JOHN A
Address: 1715 NE 18TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: D (X) Delete
Name: PARKS, CAROL A
Address: 1851 NE 53RD STREET
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PRES (X) Change () Addition
Name: JAMIESON, JOHN A
Address: 1715 NE 18TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN A. JAMIESON

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01/18/2007

Electronic Signature of Signing Officer or Director

Date