

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000020288

FILED
Sep 02, 2008
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:

PO BOX 70747
FORT LAUDERDALE, FL 33307 07

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMIESON, JOHN A
803 NE 4TH AVE
FORT LAUDERDALE, FL 33304 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify 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

PRES

09/02/2008

Electronic Signature of Signing Officer or Director

Date