

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90211 040 ***150.00

DOCUMENT # P04000022236

1. Entity Name

BOCA FAMILY COUNSELING, INC.



Principal Place of Business

7700 CONGRESS AVENUE
#1135
BOCA RATON, FL 33487

Mailing Address

7700 CONGRESS AVENUE
#1135
BOCA RATON, FL 33487

2. Principal Place of Business

7700 CONGRESS AVE
Suite, Apt. #, etc.
#1106

3. Mailing Address

7700 CONGRESS AVE
Suite, Apt. #, etc.
#1106

City & State

BOCA RATON, FL

City & State

BOCA RATON FL

Zip

33487

Country

Zip

33487

Country

04172006

Chg-P

CR2E034 (11/05)

4. FEI Number

20-0698480

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAO, MEENAKSHI
7700 CONGRESS AVENUE
#1135
BOCA RATON, FL 33487

7. Name and Address of New Registered Agent

Name
RAO, MEENAKSHI
Street Address (P.O. Box Number is Not Acceptable)
7700 CONGRESS AVE
#1106
City
BOCA RATON FL Zip Code
33487

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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and filer if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
RAO, MEENAKSHI
7700 CONGRESS AVENUE #1135
BOCA RATON, FL 33487 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MEENAKSHI RAO
7700 CONGRESS AVE #1106
BOCA RATON, FL 33487 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Meenakshi Rao

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/06

Date

561-995-9266

Daytime Phone #