## **2008 FOR PROFIT CORPORATION** ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P05000097930** FAMILY THERAPY ASSOCIATES, P.A.



**FILED** Feb 01, 2008 08:00 AN Secretary of State

Principal Place of Business

**5022 NW 102ND DRIVE** CORAL SPRINGS, FL 33076 US

Mailing Address

**5022 NW 102ND DRIVE** CORAL SPRINGS, FL 33076

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01222008

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-3164122

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SWAYMAN, DEBBIE M **5022 NW 102ND DRIVE**  DO NOT WRITE

CORAL SPRINGS, FL 33076				j. IN	THIS SPA	CE
			S. B. San			
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, typeo or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating)  DATE						
FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financin Trust Fund Contribution.			ncing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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CITY-ST-ZIP			Just Make	The property of a languages		
	Lertify that the information supplied with this fi	ling does not qualify for the av	omntions con	stained in Chapter 11	P. Clasida Statutas 14	
indicated	on this report or supplemental report in true of	and accurate and that my steep	empilions con	named in Chapter 13	e, Fiorida Statutes. I furt	ner certify that the information

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.

BWayman

Debbre M.