

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000016326

FILED  
Mar 21, 2012  
Secretary of State

**Entity Name:** CENTER FOR FAMILY SOLUTIONS INC.

**Current Principal Place of Business:**

5489 WILES ROAD  
305  
COCONUT CREEK, FL 33073 US

**New Principal Place of Business:**

**Current Mailing Address:**

5489 WILES ROAD  
305  
COCONUT CREEK, FL 33073 US

**New Mailing Address:**

**FEI Number:** 26-3275475

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

YUDELL, DAVID  
5489 WILES ROAD  
305  
COCONUT CREEK, FL 33073 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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: BAILIN, CINDY  
Address: 5489 WILES ROAD, 305  
City-St-Zip: COCONUT CREEK, FL 33073 US

Title: TRES  
Name: YUDELL, DAVID  
Address: 5489 WILES ROAD, SUITE 305  
City-St-Zip: COCONUT CREEK, FL 33073 US

Title: SEC  
Name: BAILIN, CINDY  
Address: 5489 WILES ROAD, SUITE 305  
City-St-Zip: COCONUT CREEK, FL 33073 US

Title: DIR  
Name: YUDELL, DAVID  
Address: 5489 WILES ROAD, SUITE 305  
City-St-Zip: COCONUT CREEK, FL 33073 US

I hereby 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 all other like empowered.

SIGNATURE: DY

TRES

03/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date