

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

Electronic Signature of Signing Officer or Director

TRES

03/21/2012

Date