**FILED**
**Apr 29, 2004 08:00 AM**
**Secretary of State**

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000015488

1. Entity Name
AFFILIATED COUNSELING CENTERS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 7590 NW 186TH ST STE 208<br>MIAMI, FL 33015 US | 7590 NW 186TH ST STE 208<br>MIAMI, FL 33015 US |

**DO NOT WRITE IN THIS SPACE**

04272004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0470674
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MALDONADO, MARY
16360 NW 11TH ST.
PEMBROKE PINES, FL 33028

**DO NOT WRITE IN THIS SPACE**

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2004 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000139418
04/29/04-80122-003 150.00

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PD |
| NAME | MALDONADO, MARY |
| STREET ADDRESS | 16360 NW 11TH ST. |
| CITY-ST-ZIP | PEMBROKE PINES, FL 33028 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #