

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000031998

FILED  
Sep 20, 2010  
Secretary of State

**Entity Name:** SILBERT COUNSELING ASSOCIATES, INC.

**Current Principal Place of Business:**

9119 BOCA GARDENS CIRCLE SOUTH - B  
BOCA RATON, FL 33496

**New Principal Place of Business:**

**Current Mailing Address:**

9119 BOCA GARDENS CIRCLE SOUTH - B  
BOCA RATON, FL 33496

**New Mailing Address:**

FEI Number: 65-0482784

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SILBERT, IAN  
9119 BOCA GARDENS CIRCLE SOUTH - B  
BOCA RATON, FL 33496 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: P  
Name: SILBERT, IAN  
Address: 9119 BOCA GARDENS CIRCLE SOUTH- B  
City-St-Zip: BOCA RATON, FL 33496

Title: VP  
Name: KAPLAN-SILBERT, FRAN  
Address: 9119 BOCA GARDENS CIRCLE SOUTH - B  
City-St-Zip: BOCA RATON, FL 33496

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: IAN SILBERT

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

PRES

09/20/2010

\_\_\_\_\_ Date