FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 ... AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000077455 (1)

1. Corporation Name

THE MARRIAGE CLINIC, INC.

Principal Place of Business
370 W. CAMINO GARDENS BLVD., SUITE 312
BOCA RATON FL 33432

Mailing Address
370 W. CAMINO GARDENS BLVD., SUITE ~~312~~ 300
BOCA RATON FL 33432

3. Date Incorporated or Qualified: 10/21/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 65-0530078 — ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~AMERILAWYER~~
~~340 ALMERIA AVENUE~~
~~CORAL GABLES FL 33134~~

10. Name and Address of New Registered Agent

81 Name: VALERIE G KANOUSE
82 Street Address (P.O. Box Number is Not Acceptable): 370 W CAMINO GARDENS BLVD
83 SUITE ~~312~~ 300
84 City: BOCA RATON — FL — 85 Zip Code: 33432

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Valerie G Kanouse — 4/7/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1 TITLE	☐ Change ☐ Addition
NAME	KANOUSE, VALERIE G	1 NAME	
STREET ADDRESS	370 W. CAMINO GARDENS BLVD., SUITE ~~312~~ 300	1 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432	1 CITY-ST-ZIP	
TITLE		2 TITLE	☐ Change ☐ Addition
NAME		2 NAME	
STREET ADDRESS		2 STREET ADDRESS	
CITY-ST-ZIP		2 CITY-ST-ZIP	
TITLE		3 TITLE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Valerie G Kanouse Pres — 4/25/95 (Date) — 407-395-5855 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Valerie G Kanouse

0250538 CP