# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 13, 2009**
**Secretary of State**

DOCUMENT# P95000065639

**Entity Name:** MIAMI COUNSELING AND RESOURCE CENTER, INC.

**Current Principal Place of Business:**

111 MAJORCA AVENUE STE B
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

111 MAJORCA AVENUE STE B
CORAL GABLES, FL

**New Mailing Address:**

**FEI Number: 65-0607460** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

RUBIN, MELVIN A
111 MAJORCA AVE.
STE. A
CORAL GABLES, FL 33134 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: SCHOLZ-RUBIN, SUSAN PH.D.
Address: 111 MAJORCA AVENUE STE B
City-St-Zip: CORAL GABLES, FL

Title: D ( ) Delete
Name: LEVINE, PAULA PH.D.
Address: 111 MAJORCA AVENUE STE B
City-St-Zip: CORAL GABLES, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition
Name: SCHOLZ, KEVIN PSY.D.
Address: 111 MAJORCA AVENUE STE B
City-St-Zip: CORAL GABLES, FL

Title: D (X) Change ( ) Addition
Name: SANDROW, DAVID PH.D.
Address: 111 MAJORCA AVENUE STE B
City-St-Zip: CORAL GABLES, FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KEVIN SCHOLZ DR 03/13/2009

Electronic Signature of Signing Officer or Director Date