

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000072720 (2)

1. Corporation Name

EXPANDING HORIZONS, INC.



Principal Place of Business

21218 ST. ANDREWS BLVD., STE. 226  
BOCA RATON FL 33433

Mailing Address

21218 ST. ANDREWS BLVD., STE. 226  
BOCA RATON FL 33433

3. Date Incorporated or Qualified

10/05/1995

3a. Date of Last Report

2. Principal Place of Business

21 7497 LARGO WAY

2a. Mailing Address

26 7497 LARGO WAY

Suite, Apt. #, etc.

22 % DR. J. COHEN

Suite, Apt. #, etc.

27 % DR. J. COHEN

City & State

23 BOCA RATON, FL

City & State

28 BOCA RATON, FL

Zip

24 33433

Country

25 PALM BEACH

Zip

29 33433

Country

30 PALM BEACH

9. Name and Address of Current Registered Agent

COHEN, JEFFREY S  
21218 ST. ANDREWS BLVD., STE. 226  
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name DR. JEFFREY S. COHEN

82 Street Address (P.O. Box Number is Not Acceptable)

7497 LARGO WAY

83

84 City

BOCA RATON

FL

85 Zip Code

33433

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

*Jeffrey S. Cohen*

DR. JEFFREY S. COHEN, PRES. 4/8/96

DATE

12. OFFICERS AND DIRECTORS

TITLE DPT ☐ DELETE

NAME COHEN, JEFFREY S  
STREET ADDRESS 21218 ST. ANDREWS BLVD., STE. 226  
CITY - ST - ZIP BOCA RATON FL 33433

TITLE DVS ☒ DELETE

NAME KAPLAN, KAREN L  
STREET ADDRESS 21218 ST. ANDREWS BLVD., STE. 226  
CITY - ST - ZIP BOCA RATON FL 33433

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPT ☒ Change ☐ Addition

1.2 NAME DR. JEFFREY S. COHEN  
1.3 STREET ADDRESS 7497 LARGO WAY  
1.4 CITY - ST - ZIP BOCA RATON, FL 33433

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

600001779426

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\*\*\*200.00

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(3)(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:

*Jeffrey S. Cohen*

DR. JEFFREY S. COHEN PRES 4/8/96

DATE

Daytime Phone #

(407) 470-0017

CR2E034 (12/95)

4-12-96