2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000054346

Entity Name: MOSER FAMILY THERAPY, INC.

FILED Jan 12, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

 343 E DUVAL ST
 343 E DUVAL ST

 STE 101
 STE 103

 LAKE CITY, FL 32055
 LAKE CITY, FL 32055

Current Mailing Address: New Mailing Address:

266 SOUTH EAST TORTOISE COURT LAKE CITY, FL 32025

FEI Number: 59-3392642 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MOSER, J M 343 E DUVAL ST SUITE 101 LAKE CITY, FL 33055 US MOSER, JOHN M LCSW 266 SOUTH EAST TORTOISE COURT LAKE CITY, FL 33025 US

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: JOHN MARK MOSER 01/12/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

Name: MOSER, J M Name: MOSER, JOHN M LCSW

Address: 266 SOUTH EAST TORTOISE COURT Address: 266 SOUTH EAST TORTOISE COURT

City-St-Zip: LAKE CITY, FL 32025 City-St-Zip: LAKE CITY, FL 32025

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: JOHN MARK MOSER D 01/12/2008