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FILED
Jun 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000076657 (1)

1. Corporation Name

THE CENTER FOR BEHAVIOR THERAPY, INC.

Principal Place of Business

~~4900 SW 72 AVENUE
301
MIAMI FL 33154~~

Mailing Address

1012 SPOONBILL CIRCLE
FT. LAUDERDALE FL 33326

Amendment
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/13/1996

2. Principal Place of Business

21 218 Indian Trace

Suite, Apt. #, etc.

22 Suite 424

City & State

23 Ft. Lauderdale, FL

Zip

24 33326

Country

25 U.S.

2a. Mailing Address

26 318 Indian Trace

Suite, Apt. #, etc.

27 Suite 424

City & State

28 Ft. Lauderdale, FL

Zip

29 33326

Country

30 U.S.

4. FEI Number

65-0706480

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STARIN, STEPHEN
1012 SPOONBILL CIRCLE
FT. LAUDERDALE FL 33326

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
STARIN, STEPHEN
1012 SPOONBILL CIRCLE
FT. LAUDERDALE FL 33326

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
MARVESH, SILVIA
1012 SPOONBILL CIRCLE
FT. LAUDERDALE FL 33326

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

ST
MARUSSICH, SILVIA
1012 Spoonbill Circle
Ft. Lauderdale, FL 33326

P 12/4/98
\$158.75
#124

000002553510
-05/09/98-01105-017
***61.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 employed 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 in an attachment with an address.