FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000099561 (8)

CENTER FOR RELATIONSHIP AND FAMILY THERAPY INC.

OLIVIE	III ON TILEATIONOMI A	TO PARKET THENA	1, IIIO	
Principal Place of Business		Mailing Address		r sestingt til tokto difti gotik dokti dokta dokta jokta dikto dikto dikto bilat tilbt 1907
321 NORTHLAKE BLVD. NORTH PALM BEACH FL 33408		321 NORTHLAKE BLVD. NORTH PALM BEACH FL 33408		
				DO NOT WRITE IN THIS SPACE
i				3. Date Incorporated or Qualified
				12/06/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		APPLIED FOR 65 - 07/809/7 Not Applicable
Suite, Apt. #, etc.		Suire. Apt. #, etc	o.	5. Certificate of Status Desired S8.75 Additional
22		27		Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
Zip	Country	28 7ηρ	Country	Trust Fund Contribution
24	25]	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	9. Name and Address of Curr			10. Name and Address of New Registered Agent
MULLANEY, DONALD 81 Name				
	1 NORTHLAKE BLVD.		82 Street	Address (P.O. Box Number is Not Acceptable)
NORTH PALM BEACH FL 33408			Oli Oli eet 7	Address (F.O. Box Northbor is Not Addeptable)
			83	
			84 City	85 Zip Code
			1	FL
11. Pursuant office or r	to the provisions of Sections 607.0! egistered covint, or both, in the Sta	502 and 607.1508, Florida 5 te of Florida, Such change	Statutes, the above-named was authorized by the corp	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment at registered
agent. La	m familiar with and account the obj	1991 o la Gardian C 07.050	05, Florida Statutes.	1/max
SIGNATURE	Signature, typed or printed name of registered a			required when reinstating) DATE
12.		ND DIRECTORS	(NOTE: Registered Agent signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELET	·	☐ Change ☐ Addition
NAME	MULLANEY, DONALD		1.2 NAME	
STREET ADDRESS	321 NORTHLAKE BLVD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH FL 3	3408	1.4 CITY-ST-ZIP	
TITLE		☐ DELET	E 2.1 TITLE	Change Addition
NAME			2.2 NAME	· ·
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY - ST - ZIP	
TITLE		☐ DELET	E 3.1 TITLE	Change Addition
NAME			3.2 NAME	!
STREET ADDRESS			3.3 STREET ADDRESS	Ì
CITY-ST-ZIP	<u> </u>	- Dece	3.4. CITY - ST - ZIP	
TITLE		☐ DELET	1 ····	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP		DELET	4.4 C/TY - 51 - 2/P E 5.1 TITLE	☐ Change ☐ Addition
TITLE		LJ PELET		Li Change L.) Addition
NAME PERCET ADOPCES			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELET	5.4 CITY - ST - ZIP 6.1 TITLE	☐ Change ☐ Addition
NAME		C Decklo	6.1 MILE	Change Addition
OPPOSE A DODGE			U.Z MAME	

14. Thereby certify that the information supplied with this filling 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 are 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 13 if changes on an attachment with an address.

FILED

May 07 1998 8:00am

Secretary of State