

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000035626

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

**Entity Name:** SOUTH FLORIDA CENTER FOR COUNSELING & THERAPY, INC.

**Current Principal Place of Business:**

4800 NE 8 AVE  
OAKLAND PARK, FL 33334

**New Principal Place of Business:**

2655 EAST OAKLAND PARK BLVD  
SUITE 2  
FORT LAUDERDALE, FL 33306

**Current Mailing Address:**

4800 NE 8 AVE  
OAKLAND PARK, FL 33334

**New Mailing Address:**

2655 EAST OAKLAND PARK BLVD  
SUITE 2  
FORT LAUDERDALE, FL 33306

**FEI Number:** 65-0750994

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GASS, DANIEL ESQ.  
10001 NW 50TH STREET  
SUITE 204  
SUNRISE, FL 33351 US

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

FAWCETT, DAVID  
2655 EAST OAKLAND PARK BLVD  
SUITE 2  
FORT LAUDERDALE, FL 33306 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: DAVID FAWCETT

01/10/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: FAWCETT, DAVID MICHAEL  
Address: 2655 EAST OAKLAND PARK BLVD #2  
City-St-Zip: FORT LAUDERDALE, FL 33306

I hereby 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 all other like empowered.

SIGNATURE: DAVID FAWCETT

PRES

01/10/2011

Electronic Signature of Signing Officer or Director

Date