


AMOUNT DUE ON OR BEFORE 09/15/99: \$0.00 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$150.

FILED  
Aug 31, 1999 8:00 am  
Secretary of State

08-31-1999 90003 034 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000011740

1. Corporation Name  
FAMILY COUNSELING CENTER, P.A.

Principal Place of Business 10764 S.W. 110TH TERRACE MIAMI FL 33176	Mailing Address 10764 S.W. 110TH TERRACE MIAMI FL 33176
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8100 S.W. 81 DRIVE Suite, Apt. #, etc. 22 8036 City & State 23 Miami		2a. Mailing Address 26 Sameas 2 Suite, Apt. #, etc. 27 8036 City & State 28 Miami		3. Date Incorporated or Qualified 02/05/1998	
24 33143 Country 25 USA		29 33143 Country 30 USA		4. FEI Number 65-0809846 Applied For Not Applicable	
21		26		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
IGLESIAS, ADOLFO E  
12964 S.W. 133RD COURT  
MIAMI FL 33186-5808

10. Name and Address of New Registered Agent  
81 Name DIANA DE CARDENAS  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 8100 SW 81 DR. # 8036  
84 City Miami FL 85 Zip Code 33143

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]* DATE 9-15-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE CARDENAS, DIANA	1.2 NAME	
STREET ADDRESS	10764 S.W. 110TH TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	1.4 CITY-ST-ZIP	
TITLE	D.C. <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUEVAS, MARIA H. MARIA H. QUEVAS	2.2 NAME	
STREET ADDRESS	10341 S.W. 107TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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: *[Signature]* Date 8-24-99 Daytime Phone #

CR2E034 (5/99)