2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Secretary of State DOCUMENT # P98000061241 05-03-2005 90088 037 ***150.00 FAMILY PRESERVATION SERVICES OF FLORIDA, INC. 40010130 Principal Place of Business Mailing Address 620 N. CRAYCROFT 620 N CRAYCROFT 13 11 2 7 11 TUCSON, AZ 85711 TUCSON, AZ 85711 3. Mailing Address 2. Principal Place of Business 4th St. 5444 Jefferson Davis 5524 E Suite, Apt. #, etc. 04252005 CR2E034 (10/03) Chg-P City & State 4. FEI Number Applied For AZ UCSON 65-0848685 Not Applicable Country \$8.75 Additional 85711 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agont 7...Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. D/C Change TITLE ☐ Delete TITLE ☐ Addition MCCUSKER, FLETCHER J NAME NAME 5524 E. 4+h 5+. STREET ADDRESS 920 N: CRAYCROFT STREET ADDRESS CITY-ST-ZIP **TUCSON, AZ 85711** CITY-ST-7IP PD ☐ Delete TITLE ☐ Addition TITLE NORRIS, CRAIG NAME 4th 5t 5444 JEFFERSON DAVIS HIGHWAY SUITE 400-STREET ADDRESS *552*4 E. STREET ADDRESS CITY-ST-ZIP FREDERICKSBURG, VA 22497 CITY-ST-ZIP TITLE STD Delete TITLE ☐ Addition DEITCH, MICHAEL MAME NAME STREET ADDRESS -020 N-GRAYCROET, STREET ADDRESS TUCSON, AZ 85711 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP ☐ Addition ☐ Detete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME

FILED

May 03, 2005 8:00 am

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: