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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # S10890**

1. Corporatio	on Name	)JU							
FAMILY	<b>CENTER FOR PSYCHO</b>	OTHERAPY, INC.				ļ			
									A(A)  A(A)
•	ce of Business	Mailing Addre				1 (24.14.1		Bien eren eren	#1#74 #1#11
1470 R NW 10 SUITE 106	ITTH AVE	1470 R NW 10 Suite 106	7TH AVE						
MIAMI FL 3317	79	SUITE 106 MIAMI FL 3317	22.			DO	NOT WRITE IN	THIS SPACE	
US US			-			3. Date Incorporated of	or Qualifed		
						10/24/1990		· · · · · · · · · · · · · · · · · · ·	
	Place of Business	2a. Mailing Ad	Idress			4. FEI Number		·   —	oplied For
21 Suite Ant	41	26 Suite Ant	4 -4-			65-0288600		<del></del>	ot Applicable
Suite, Apt.	. #, eic.	Suite, Apt.	#, etc.			5. Certifcate of Status	Desired		Additional equired
City & Stat	te	City & Sta	······································			6. Election Campaign	Financing		May Be
23		28				Trust Fund Contribu	· 11		may Be to Fees
Zip	Country	Zip		Country		8. This corporation ow			
24	25	29		30		Personal Property 1		Yes	□No
	9. Name and Address of 0	Current Registered Agen	ıt	94		10. Name and Addres	s of New Regist	ered Agent	
ARD	RUDSKY, NATALIO			81	Name				
	O-R N.W. 107TH AVE.			82	Street Add	dress (P.O. Box Number is N	lot Acceptable)		
	U-R. N.W. 10/111 AVE. TE #106			83					
	MI FL 33172								
••••	III 1 E 00 1. E			84	City			FL 85 Zip	Code
							ant for the number	se of changing its	registered
11. Pursuant	to the provisions of Sections 60	07.0502 and 607.1508, Flo	orida Statutes	s, the above	e-named con	poration submits this statem	ient for the purpo	36 Or Changing A	inglisicica
office or r	to the provisions of Sections 66 registered agent, or both, in the am familiar with, and accept the	State of Florida. Such cha	ange was auti	thorized by t	the corporati	poration submits this statem tion's board of directors. I he	ereby accept the	appointment as re	gistered
office or r	registered agent, or both, in the am familiar with, and accept the	State of Florida. Such cha obligations of, Section 60	ange was auti 7.0505, Florid	thorized by t da Statutes.	the corporati	tion's board of directors. I he	ereby accept the	appointment as re	gistered
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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, with all other like empowered.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-99

ite

Daytime Phone #

R2E034 (11/98)