FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 21 AM 8:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED AND FILED
95 APR 21 AM 8:0
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S19957 (7)

1. Corporation Name
CENTER FOR COGNITIVE-BEHAVIOR THERAPY, INC.

Principal Place of Business	Mailing Address
300 N.W. 70 AVENUE SUITE 302A PLANTATION FL 33317	300 N.W. 70 AVENUE SUITE 302A PLANTATION FL 33317

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/20/1990
3a. Date of Last Report: 04/08/1994

2. Principal Place of Business — 21: Suite, Apt. #, etc. — 22: City & State — 23:
2a. Mailing Address — 26: Suite, Apt. #, etc. — 27: City & State — 28:

4. FEI Number: 65-0242103 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

24: 25: 29: 30:

Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LETTMAN, ROBERT D. ESQUIRE
8010 N. UNIVERSITY DRIVE
2ND FLOOR
TAMARAC FL 33321

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	MAROTTA, PRISCILLA V.	12 NAME		
STREET ADDRESS	300 NW 70 ST #302A	13 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL	14 CITY-ST-ZIP		
TITLE	DVP	21 TITLE	D/Exec. VP	☒ Change ☐ Addition
NAME	MILLER, BARRY	22 NAME	H. Barry Miller	
STREET ADDRESS	4350 SHERIDAN ST., #102	23 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL	24 CITY-ST-ZIP		
TITLE	DS	31 TITLE	D/S	☒ Change ☐ Addition
NAME	FUNK, MICHAEL	32 NAME	Miller, Arlene	
STREET ADDRESS	4350 SHERIDAN ST., #102	33 STREET ADDRESS	N/A 6565 Sunset Dr #160	
CITY-ST-ZIP	HOLLYWOOD FL	34 CITY-ST-ZIP	Miami, FL 33143	
TITLE	DT	41 TITLE		☐ Change ☐ Addition
NAME	ZIEGLER, MYRNA	42 NAME		
STREET ADDRESS	300 NW 70TH ST #302A	43 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL	44 CITY-ST-ZIP		
TITLE	DVP	51 TITLE		☒ Change ☐ Addition
NAME	SOERO, MITCHELL	52 NAME	Spero, Mitchell	
STREET ADDRESS	7520 NW 5TH ST #204	53 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Priscilla V. Marotta / Priscilla Marotta 4-17-95 (305) 330-2228
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0027982 CP