FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

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

3. Date Incorporated or Qualified: **12/20/1990**

3a. Date of Last Report: **04/21/1995**

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 — Country 25	Zip 29 — Country 30

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: MAROTTA, PRISCILLA V. STREET ADDRESS: 300 NW 70 ST #302A CITY-ST-ZIP: PLANTATION FL	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: DEVP NAME: MILLER, BARRY H STREET ADDRESS: 4350 SHERIDAN ST., #102 CITY-ST-ZIP: HOLLYWOOD FL	☒ DELETE	2.1 TITLE Resigned 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☒ Change ☐ Addition
TITLE: DS NAME: MILLER, ARLENE STREET ADDRESS: 8585 SUNSET DR. #60 CITY-ST-ZIP: MIAMI FL	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: DT NAME: ZIEGLER, MYRNA STREET ADDRESS: 300 NW 70TH ST #302A CITY-ST-ZIP: PLANTATION FL	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: DVP NAME: SPERO, MITCHELL STREET ADDRESS: 7520 NW 5TH ST #204 CITY-ST-ZIP: PLANTATION FL	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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)(k), 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: X Priscilla V. Marotta Ph.D. — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96 — Date

??-330-2228 [redacted] — Daytime Phone #

CR2E034 (12/95)