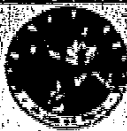


**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S93269

(6)

1. Corporation Name

BOCA COUNSELING CENTER, INC.

Principal Place of Business

**1 S. OCEAN BOULEVARD
SUITE 208
BOCA RATON FL 33432
US**

Mailing Address

**1 S. OCEAN BOULEVARD
SUITE 208
BOCA RATON FL 33432
US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
11/12/1991

3a. Date of Last Report
06/17/1994

4. FEI Number

65-0292195

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. Does corporation have liability for unpaid taxes under 9, 100 or 133

Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21

State Apt # etc

22 City & State

23

City

24

25

26 Mailing Address

26

State Apt # etc

27 City & State

28

City

29

30

9. Name and Address of Current Registered Agent

**MILISITZ, JOSEPH A.
A SOUTH OCEAN BOULEVARD
SUITE 208
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1 South Ocean Blvd.

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0802 and 607.1506, 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 Sections 607.0805, Florida Statutes.

SIGNATURE

Joseph A. Milisitz **Joseph A. Milisitz**

3/18/95

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MILISITZ, JOSEPH A.
STREET ADDRESS	1 SOUTH OCEAN BOULEVARD, #208
CITY, ST, ZIP	BOCA RATON FL
TITLE	VP
NAME	ECHLIN, DONNA J
STREET ADDRESS	1 SOUTH OCEAN BOULEVARD, #208
CITY, ST, ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
1. NAME	
1. STREET ADDRESS	
1. CITY, ST, ZIP	
2. TITLE	☐ Change ☐ Addition
2. NAME	
2. STREET ADDRESS	
2. CITY, ST, ZIP	
3. TITLE	☐ Change ☐ Addition
3. NAME	
3. STREET ADDRESS	
3. CITY, ST, ZIP	
4. TITLE	☐ Change ☐ Addition
4. NAME	
4. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
5. NAME	
5. STREET ADDRESS	
5. CITY, ST, ZIP	
6. TITLE	☐ Change ☐ Addition
6. NAME	
6. STREET ADDRESS	
6. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Division 1303 (Chap. 607), Florida Statutes. I further certify that the information included on this annual report or biennial report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am available or director of this corporation for the receiver or trustee empowered to conduct this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, or Block 2, of the corporation's annual report with an address.

SIGNATURE:

Joseph A. Milisitz **Joseph A. Milisitz**

3/18/95 **(607)** **334-8585**