

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # V62674 (9)

1. Corporation Name

BROWARD COUNSELING CENTER, INC.

Principal Place of Business

**5400 S UNIVERSITY DR
SUITE 109
DAVIE FL 33328**

Mailing Address

**5400 S UNIVERSITY DR
SUITE 109
DAVIE FL 33328**

**APPROVED
AND
FILED**

95 APR 28 PM 1:11

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/08/1992

3a. Date of Last Report

04/07/1994

4. FEI Number

65-0351517

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

21 4642 DAVIERO

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 DAVIE FL

City & State

27

Zip

24 33314

Country

25 USA

Zip

29 33314

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSENFELD, ALAN

**400 NW 87 DRIVE, 101 3779 NW 91 LN
PLANTATION FL 33324 SUNNYSIDE, FL 33351**

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **ROSENFELD, ALAN**
STREET ADDRESS **400 NW 87 DR, 101 3779 NW 91 LN**
CITY - ST - ZIP **PLANTATION FL SUNNYSIDE, FL 33351**

TITLE **VD**
NAME **ROESSER, ROBYN**
STREET ADDRESS **1184 SW 123 AVE 4411 SW 72 WAY**
CITY - ST - ZIP **PEMBROKE PINES FL DAVIE, FL 33314**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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 1 TITLE ☐ Change ☐ Addition

1 2 NAME

1 3 STREET ADDRESS

1 4 CITY - ST - ZIP

2 1 TITLE ☐ Change ☐ Addition

2 2 NAME

2 3 STREET ADDRESS

2 4 CITY - ST - ZIP

3 1 TITLE ☐ Change ☐ Addition

3 2 NAME

3 3 STREET ADDRESS

3 4 CITY - ST - ZIP

4 1 TITLE ☐ Change ☐ Addition

4 2 NAME

4 3 STREET ADDRESS

4 4 CITY - ST - ZIP

5 1 TITLE ☐ Change ☐ Addition

5 2 NAME

5 3 STREET ADDRESS

5 4 CITY - ST - ZIP

6 1 TITLE ☐ Change ☐ Addition

6 2 NAME

6 3 STREET ADDRESS

6 4 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)(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 liquidator 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 no address.

SIGNATURE:

Alan Rosenfeld
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALAN ROSENFELD

4/5/95

305-583-9800