## 2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000016326

Entity Name: CENTER FOR FAMILY SOLUTIONS INC.

**Current Principal Place of Business:** 

5489 WILES ROAD

305

COCONUT CREEK, FL 33073

## **Current Mailing Address:**

5489 WILES ROAD

COCONUT CREEK, FL 33073 US

FEI Number: 26-3275475 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

YUDELL, DAVID 5489 WILES ROAD

COCONUT CREEK, FL 33073 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**FILED** Jan 26, 2013

**Secretary of State** 

CC8464113749

## Officer/Director Detail:

Title **PRES** Title **TRES** 

Name BAILIN, CINDY Name YUDELL, DAVID

5489 WILES ROAD, 305 Address 5489 WILES ROAD, SUITE 305 Address COCONUT CREEK FL 33073 City-State-Zip: COCONUT CREEK FL 33073 City-State-Zip:

Title SEC Title DIR

Name YUDELL, DAVID BAILIN, CINDY Name

Address 5489 WILES ROAD, SUITE 305 Address 5489 WILES ROAD, SUITE 305 COCONUT CREEK FL 33073 City-State-Zip: COCONUT CREEK FL 33073 City-State-Zip:

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.