

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000051658

Entity Name: THE CENTRE FOR COUNSELING OF AVENTURA, INC.

Current Principal Place of Business:

21110 BISCAYNE BLVD.
SUITE 304
AVENTURA, FL 33180

Current Mailing Address:

21110 BISCAYNE BLVD.
SUITE 304
AVENTURA, FL 33180

FEI Number: 65-0601504

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRABOIS, LORI
21110 BISCAYNE BLVD
#304
AVENTURA, FL 33180 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: LORI A. GRABOIS, M.D.

01/18/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name GRABOIS, LORI A M.D.
Address 21110 BISCAYNE BLVD. STE 304
City-State-Zip: AVENTURA FL 33180

Title VP
Name PRAVDER, LEE M.D.
Address 21110 BISCAYNE BLVD.
 SUITE 304
City-State-Zip: AVENTURA FL 33180

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.

SIGNATURE: LORI A. GRABOIS, M.D.

DIRECTOR

01/18/2015

Electronic Signature of Signing Officer/Director Detail

Date