

**REGISTRATION AFFIDAVIT FOR
PREMARITAL PREPARATION COURSE PROVIDER
(Chapter 98-403, Laws of Florida)**

STATE OF FLORIDA
COUNTY OF GULF

Before me, the undersigned authority, personally appeared the individual designated as "Affiant" in Paragraph 1 of this affidavit and, after first being duly cautioned and sworn, the said Affiant deposes and states the follows:

1. Affiant's Name: Dr. Roberto Jimenez
2. Affiant's Address: 3081 Salzedo Street #202 - X Coral Gables, Florida 33134
3. Affiant's Phone: 305-414-2199
4. Affiant is the provider of a premarital preparation course as prescribed by Chapter 98-403, Laws of Florida.
5. The premarital preparation course instructor's name is: Roberto Jimenez
6. The premarital preparation course instructor's qualifications are as follows:
(Check applicable qualification(s) and provide license # were indicated)
 - a. ☐ Psychologist licensed under Chapter 490, F.S.: License #: _____
 - b. ☐ Clinical social worker licensed under Chapter 491, F.S.: License #: _____
 - c. ☒ Marriage and family therapist licensed under Chapter 491, F.S.: License #: MT1984
 - d. ☒ Mental health counselor licensed under Chapter 491, F.S.: License #: MH10038
 - e. ☐ Official representative or a religious institution recognized under Florida Statute 496.404(20), I have had the following relevant training: _____
 - f. ☐ A provider designated in writing by Chief Judge of a Judicial Circuit
7. Affiant has complied with the premarital preparation course requirements as set forth in Section 741.0305(1998) for providers of premarital preparation courses.

Dr. Roberto Jimenez
Affiant

SWORN TO AND SUBSCRIBED before me this 12 day of Feb, 205, by
Roberto Jimenez (Affiant), who is personally known to me or who
produced the following identification: Driver License

Edwin Sandoval

Clerk of Court/Deputy Clerk/Notary Public

(Seal)

