

BILL KINSAUL
CLERK OF COURT & COMPTROLLER

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

STATE OF FLORIDA
COUNTY OF BAY

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 as follows:

1. AFFIANT'S NAME IS: Dr. Roberto Jimenez
2. AFFIANT'S ADDRESS IS: 3081 Salzedo Street #202 - X Coral Gables, Florida 33134
3. AFFIANT'S CONTACT NUMBERS: 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: Dr. Roberto Jimenez
6. The premarital preparation course instructor's qualifications are as follows;
☐ Psychologist licensed under chapter 490, Florida Statutes: license number _____
☐ Clinical social worker licensed under chapter 491, Florida Statutes: license number _____
☒ Marriage & family therapist licensed under chapter 491, Florida Statutes: license number MT1984
☒ Mental health counselor licensed under chapter 491, Florida Statutes: license number MH10038
☐ Official representative of a religious institution recognized under Florida Statute 496.404(23)
I have had the following relevant training _____
_____ a provider designated in writing by a 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 SIGNATURE

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☒ online notarization, this 21
day of February, 2025, by Dr. Roberto Jimenez.

Personally Known OR Produced Identification

Type of Identification Produced Driver License

Edwin Sandoval

DEPUTY CLERK OR NOTARY PUBLIC

