FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 703860 (7)

1. Corporation Name

CHILD GUIDANCE CENTER, INC.

Principal Place of Business
5776 ST AUGUSTINE ROAD
JACKSONVILLE FL 32207

Mailing Address
5776 ST AUGUSTINE ROAD
JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/09/1962	3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-0704727	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt #, etc	27 Suite, Apt #, etc
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~DR. JOHN E. KOENIG~~	81 Name: Donald E. Gulick
5776 ST. AUGUSTINE ROAD	82 Street Address (P.O. Box Number is Not Acceptable): 5776 St. Augustine Road
JACKSONVILLE FL 32207	83
	84 City: Jacksonville FL 85 Zip Code: 32207

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 Donald E. Gulick, Finance & Admin. Svcs. Director 4/25/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~G~~	1 1 TITLE	D ☒ Change ☒ Addition
NAME	~~WILKINSON, ALBERT JR. M.D~~	1 2 NAME	Shephard, James B.
STREET ADDRESS	~~P O BOX 5720 NEMOURS CHILDREN'S CLINIC N/A~~	1 3 STREET ADDRESS	4057 Carmichael Avenue
CITY ST ZIP	~~JACKSONVILLE FL~~	1 4 CITY ST ZIP	Jacksonville, FL 32207
TITLE	VC	2 1 TITLE	VC/D ☒ Change ☐ Addition
NAME	VALENTINE, VERONICA ED. D	2 2 NAME	Valentine, Veronica Ed.D.
STREET ADDRESS	1701 PRUDENTIAL DR.,DUVAL CO.SCHOOL BOARD	2 3 STREET ADDRESS	1701 Prudential Drive, 4th Floor
CITY ST ZIP	JACKSONVILLE FL	2 4 CITY ST ZIP	Jacksonville, FL 32207
TITLE	VC	3 1 TITLE	VC/D ☒ Change ☐ Addition
NAME	DAVIS, HON. HENRY	3 2 NAME	Davis, The Honorable Henry
STREET ADDRESS	330 E. BAY ST.,DUVAL COUNTY COURTHOUSE	3 3 STREET ADDRESS	330 E. Bay Street
CITY ST ZIP	JACKSONVILLE FL	3 4 CITY ST ZIP	Jacksonville, FL 32202
TITLE	S	4 1 TITLE	S/D ☒ Change ☐ Addition
NAME	SCALES, GAYE	4 2 NAME	Scales, Gaye, Mrs.
STREET ADDRESS	2723 E. HOLLY POINT ROAD	4 3 STREET ADDRESS	2723 E. Holly Point Road
CITY ST ZIP	ORANGE PARK FL	4 4 CITY ST ZIP	Orange Park, FL 32073
TITLE	T	5 1 TITLE	T/D ☒ Change ☐ Addition
NAME	MCCORVEY, ~~MICHAEL~~	5 2 NAME	McCorvey, Mikel
STREET ADDRESS	1551 ATLANTIC BLVD.,3RD FLR,AMRN.NAT'L BNK	5 3 STREET ADDRESS	1551 Atl.Blvd.,3rd Flr
CITY ST ZIP	JACKSONVILLE FL	5 4 CITY ST ZIP	Jacksonville, FL 32207
TITLE	~~P~~	6 1 TITLE	D ☐ Change ☒ Addition
NAME	~~KOENIG, JOHN E.~~	6 2 NAME	McIntosh, Ann, Mrs.
STREET ADDRESS	~~5776 ST. AUGUSTINE RD.,CHILD GUIDANCE CTR.~~	6 3 STREET ADDRESS	4063 Ribault River Lane
CITY ST ZIP	~~JACKSONVILLE FL~~	6 4 CITY ST ZIP	Jacksonville, FL 32208

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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: 04/26/95 (904) 396-8479

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Mikel E. McCorvey

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