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Mar 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 726520 (0)

1. Corporation Name  
THE GUIDANCE CLINIC OF THE MIDDLE KEYS, INC.



Principal Place of Business Mailing Address  
3000 41ST STREET OCEAN MARATHON FL 33050  
3000 41ST STREET OCEAN MARATHON FL 33050-2373

3. Date Incorporated or Qualified 05/28/1973  
3a. Date of Last Report 03/05/1996

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30  
4. FEI Number 59-1458324 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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent  
RICE DAVID P PH.D  
3000 41ST STREET OCEAN  
MARATHON FL 33050  
10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSEN, GEORGE	1.2 NAME	
STREET ADDRESS	RT 5, BOX 52-B	1.3 STREET ADDRESS	29559 RANGER
CITY-ST-ZIP	BIG PINE KEY FL	1.4 CITY-ST-ZIP	BIG PINE KEY, FL.
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUTO, MICHAEL	2.2 NAME	
STREET ADDRESS	700 89TH STREET OCEAN	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARATHON FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEARNS, MARJORIE	3.2 NAME	
STREET ADDRESS	400 70TH ST. GULF	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARATHON, FL 00000	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMPSON, GEORGE	4.2 NAME	
STREET ADDRESS	530 WHITEHEAD STR	4.3 STREET ADDRESS	258K GOODLEY ST.
CITY-ST-ZIP	KEY WEST FL	4.4 CITY-ST-ZIP	MARATHON FL 33050
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, ROBERT S	5.2 NAME	D
STREET ADDRESS	5601 OVERSEAS HWY.	5.3 STREET ADDRESS	FREEMAN BATEMAN
CITY-ST-ZIP	MARATHON FL	5.4 CITY-ST-ZIP	1334 MARLIN DR.
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD, WILLIAM	6.2 NAME	
STREET ADDRESS	530 WHITEHEAD STR	6.3 STREET ADDRESS	451 89th ST. OCEAN
CITY-ST-ZIP	KEY WEST FL	6.4 CITY-ST-ZIP	MARATHON FL 33050

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature] 2-11-97 305-9439491  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0024854

CR2E037 (9/96)