2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Mar 07, 2005 8:00 am **Secretary of State DOCUMENT # P01000103533** 03-07-2005 90287 007 ***150.00 SOUTHWEST PSYCHOTHERAPY AND COUNSELING CENTER, INC. Principal Place of Business Mailing Address 3440 CONWAY BLVD BLGD 2 STE 3 -3440 CONWAY BLVD BLGD 2 STE-3-PORT CHARLOTTE, FL 33952 PORT CHARLOTTE, FL 33952 2. Principal Place of Business 3. Mailing Address 3195 HARBOR 3194 HARKOR Suite, Apt. #, etc. Suite, Apt. #, etc. 02282005 CR2E034 (10/03) PORT (MARLOTTE 4. FEI Number Applied For (MARIOTTE 03-0413575 Not Applicable Country 3395 Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MURTY, VIJAYA Street Address (P.O. Box Number is Not Acceptable) 3440 CONWAY BLVD BLGD 2 STE-3-PORT CHARLOTTE, FL 33952 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DΡ IIILE □ Ωelete TITLE Change MURTY, VIJAYA NAME NAME 3195 HARBOR BLVD 3449 CONWAY BLVD BLCD 2 STE-3 STREET ADDRESS STREET ADDRESS PORT (MARLOTTE, FL 33952. CITY-ST-ZIP PORT CHARLOTTE, FL 33952 CITY-ST-ZIP IIILE □ Delete TITLE VELAMAKANNI, KRISHNAMURTY S NAME NAME 3195 HARBOR BLVD. STREET ADDRESS 3440 CONWAY BLVD BLCD 2 STE 3-STREET ADDRESS PORT CHARLOTTE, FL 33952 PORT CHARLOTTE, FL 33952 CITY-ST-71P CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the property of the composition of the composition

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