

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1996



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

DOCUMENT # **V59382 (4)**  
 1. Corporation Name  
**PROFESSIONAL COUNSELING CENTERS OF AMERICA, INC.**



Principal Place of Business  
**5728 MAJOR BLVD.  
 SUITE 316  
 ORLANDO FL 32819  
 US**

Mailing Address  
**P.O. BOX 606  
 WINDERMERE FL 34786  
 US**

3. Date Incorporated or Qualified **07/15/1992** 3a. Date of Last Report **04/04/1995**

2. Principal Place of Business  
 21 26 **5728 MAJOR BLVD**  
 Suite, Apt #, etc. 27 **#316**  
 22 City & State 28 **ORLANDO, Florida**  
 23 Zip 29 **32819** Country 30 **U.S.A.**

4. FEI Number **65-0393300** 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**ROTHARD, ANITA B.  
 10577 GOtha ROAD  
 WINDERMERE FL 34786**

10. Name and Address of New Registered Agent  
 81 Name **ANITA B. Rothard**  
 82 Street Address (P.O. Box Number is Not Acceptable) **5728 MAJOR BLVD**  
 83 **Suite 316**  
 84 City **ORLANDO** FL 85 Zip Code **32819**

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, in 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 *Anita B. Rothard, President* 7-24-96  
 Signature typed or printed name of registered agent and title if applicable (DATE Registered Agent's signature required when re-statuting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>Rothard, Anita B.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROTHARD, ANITA B.</b>	1.2 NAME
STREET ADDRESS	<b>10577 GOtha ROAD</b>	1.3 STREET ADDRESS <b>5728 MAJOR BLVD #316</b>
CITY - ST - ZIP	<b>WINDERMERE FL</b>	1.4 CITY - ST - ZIP <b>ORLANDO, Florida 32819</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BACHALO-FISHER, CINDY L</b>	2.2 NAME
STREET ADDRESS	<b>10577 GOtha RD.</b>	2.3 STREET ADDRESS
CITY - ST - ZIP	<b>WINDERMERE FL</b>	2.4 CITY - ST - ZIP
TITLE	<del><b>Rothard, Anita B.</b></del> <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del><b>5728 MAJOR BLVD #316</b></del>	3.2 NAME
STREET ADDRESS	<del><b>ORLANDO, FL. 32819</b></del>	3.3 STREET ADDRESS
CITY - ST - ZIP		3.4 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY - ST - ZIP		4.4 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY - ST - ZIP		5.4 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY - ST - ZIP		6.4 CITY - ST - ZIP

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: *Anita B. Rothard* 7-24-96 (407)345-5442  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)