

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Feb 05 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V59382 (4)**  
 1. Corporation Name  
**PROFESSIONAL COUNSELING CENTERS OF AMERICA, INC.**



Principal Place of Business <b>5728 MAJOR BLVD. SUITE 316 ORLANDO FL 32819 US</b>	Mailing Address <b>5728 MAJOR BLVD SUITE 316 ORLANDO FL 32819-7944 US</b>
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2. Principal Place of Business 21 <b>1362 40th St</b> Suite, Apt. #, etc. 22 City & State 23 <b>SARASOTA FL</b> Zip Country 24 <b>84234</b> 25 <b>USA</b>	2a. Mailing Address 26 <b>37899 Balentine Dr</b> Suite, Apt. #, etc. 27 <b>200</b> City & State 28 <b>NEWARK, CALIF</b> Zip Country 29 <b>94560</b> 30 <b>USA</b>	3. Date Incorporated or Qualified <b>07/15/1992</b>	3a. Date of Last Report <b>07/31/1996</b>
		4. FEI Number <b>65-0393300</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>ROTHARD, ANITA B. 5728 MAJOR BLVD SUITE 316 ORLANDO FL 32819</b>	10. Name and Address of New Registered Agent 81 Name <b>Deborah A. Turner</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1362 40th Street</b> 83 84 City <b>SARASOTA</b> FL 85 Zip Code <b>34234</b>
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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: **Deborah A. Turner** *Deborah A. Turner* **1-29-97**  
Signature of principal or person in charge of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>PST</b>	<input type="checkbox"/>
NAME	<b>ROTHARD, ANITA B.</b>	
STREET ADDRESS	<b>5728 MAJOR BLVD #316</b>	
CITY - ST - ZIP	<b>ORLANDO FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>PST</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	<b>Rothard, Anita B.</b>		
1.3 STREET ADDRESS	<b>29391 TAYLOR AVE</b>		
1.4 CITY - ST - ZIP	<b>HAYWARD, CA 94544</b>		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carl B. Rothard* **REQUIRED** **1/29/97** **1-800-822-4157**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)