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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

SIGNATURE:X

	MENT # 726520 UIDANCE CLINIC OF THE	` '				
Principal Place	of Business	Mailing Address			ik 00%) 01014 01081 04011 011	
3000 41ST STREET OCEAN MARATHON FL 33050		3000 41ST STREET OCEAN MARATHON FL 33050				
				3. Date Incorporated or Qualified	3a. Date of Las	,
				05/28/1973	05/01/	
i '	ace of Business	2a. Mailing Address		4. FEI Number 59-1458324	<u> </u>	Applied For
Suite, Apt.	# etc	Suite, Apt. #, etc.		39 1430324	\$9.7	Not Applicable 5 Additional
	., 500.	27		5. Certificate of Status Desired	7	Required
City & State	9	City & State		6. Election Campaign Financing	\$5.0	00 May Be
ון יינון אינון אינו		28		Trust Fund Contribution		ed to Fees
Zip	Country	Zıp	Country	8. This corporation has liability for		s. 199.032,
<u> </u>	25	29	30		Yes X No	
	9. Name and Address of Curren	nt Registered Agent	04 1	10. Name and Address of New F	Registered Agent	
			81 Name			
RICE DAVID P PH.D 3000 41ST STREET OCEAN			82 Street Addr	ress (P.O. Box Number is Not Acceptab	ole)	
			83			
MARATI	10N FL 33050		63			
			84 City		FL 85 Z	ip Code
or register	red agent, or both, in the State of Flori	da. Such change was authoriz	ed by the corporation's boa	ration submits this statement for the pur rd of directors. I hereby accept the app	iointment as registere	d agent. I am
or register familiar wi	ed agent, or both, in the State of Flori th, and accept the obligations of, Sect Sgnature, typed or printed name of registered agent	da. Such change was authoriz ion 617.0503, Florida Statutes rand tite Tapplicable. (NC	red by the corporation's boar S. DTE: Registered Agent signature require	rd of directors. I hereby accept the app	ointment as régistere	d agent. I am
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GNING OFFICER OR DIRECTOR

1/25/96 305-143-9491