

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

3. Date Incorporated or Qualified 05/28/1973	3a. Date of Last Report 05/01/1995
4. FEI Number 59-1458324	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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RICE DAVID P PH.D
3000 41ST STREET OCEAN
MARATHON FL 33050

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	SD	1.1 TITLE	Treasurer, Director
NAME	BECKWITT, DIANA	1.2 NAME	George Hansen
STREET ADDRESS	325 CALZADA DEBOUGAIN.	1.3 STREET ADDRESS	Rt. 5, Box 52-13
CITY-ST-ZIP	MARATHON, FL 00000	1.4 CITY-ST-ZIP	Big Pine Key, FL 33043
TITLE	VD	2.1 TITLE	
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	3.1 TITLE	
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	D	4.1 TITLE	Secretary
NAME	SIMPSON, GEORGE	4.2 NAME	
STREET ADDRESS	530 WHITEHEAD STR	4.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	MYERS, ROBERT S	5.2 NAME	
STREET ADDRESS	5801 OVERSEAS HWY.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MARATHON FL	5.4 CITY-ST-ZIP	
TITLE	P	6.1 TITLE	
NAME	MCDONALD, WILLIAM	6.2 NAME	
STREET ADDRESS	530 WHITEHEAD STR	6.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	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: *Michael Puto*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/96 305-743-9491
Date Daytime Phone

CR2E037 (12/95)