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Mar 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 33050-2373

3. Date Incorporated or Qualified 05/28/1973 3a. Date of Last Report 03/05/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number 59-1458324 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

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 TD DELETED
NAME HANSEN, GEORGE
STREET ADDRESS RT 5, BOX 52-B
CITY-ST-ZIP BIG PINE KEY FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS 29559 RANGER
1.4 CITY-ST-ZIP BIG PINE KEY, FL.

TITLE VD DELETED
NAME PUTO, MICHAEL
STREET ADDRESS 700 89TH STREET OCEAN
CITY-ST-ZIP MARATHON FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D DELETED
NAME MEARNS, MARJORIE
STREET ADDRESS 400 70TH ST. GULF
CITY-ST-ZIP MARATHON, FL 00000

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE S DELETED
NAME SIMPSON, GEORGE
STREET ADDRESS 530 WHITEHEAD STR
CITY-ST-ZIP KEY WEST FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS 258K GOODLEY ST.
4.4 CITY-ST-ZIP MARATHON FL 33050

TITLE D DELETED
NAME MYERS, ROBERT S
STREET ADDRESS 5601 OVERSEAS HWY.
CITY-ST-ZIP MARATHON FL

5.1 TITLE Change Addition
5.2 NAME D
5.3 STREET ADDRESS FREEMAN BATEMAN
5.4 CITY-ST-ZIP 1334 MARLIN DR. MARATHON FL 33050

TITLE P DELETED
NAME MCDONALD, WILLIAM
STREET ADDRESS 530 WHITEHEAD STR
CITY-ST-ZIP KEY WEST FL

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS 451 89th ST. OCEAN
6.4 CITY-ST-ZIP MARATHON FL 33050

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

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-97

305-9439491

Date Daytime Phone # 0024854

CR2E037 (9/96)