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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 726520

1. Corporation Name

THE GUIDANCE CLINIC OF THE MIDDLE KEYS, INC.

Principal Place of Business
 3000 41ST STREET OCEAN
 MARATHON FL 33050

Mailing Address
 3000 41ST STREET OCEAN
 MARATHON FL 33050



| | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 05/28/1973 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 59-1458324 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | |
| 23 | | 28 | | \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | |
| 24 | 25 | 29 | 30 | \$5.00 May Be Added to Fees | |

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|--|
| TITLE | VP <input type="checkbox"/> DELETE | 1.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HANSEN, GEORGE | 1.2 NAME | DEFIELD, ROBERT |
| STREET ADDRESS | 29559 RANGER | 1.3 STREET ADDRESS | 11425 OVERSEAS HWY |
| CITY-ST-ZIP | BIG PINE KEY FL | 1.4 CITY-ST-ZIP | MARATHON FL 33050 |
| TITLE | P <input type="checkbox"/> DELETE | 2.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PUTO, MICHAEL | 2.2 NAME | DOEL, JAMES |
| STREET ADDRESS | 700 89TH STREET OCEAN | 2.3 STREET ADDRESS | 5701 OVERSEAS HWY, STE 1B |
| CITY-ST-ZIP | MARATHON FL | 2.4 CITY-ST-ZIP | MARATHON FL 33050 |
| TITLE | T <input type="checkbox"/> DELETE | 3.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LOCKWOOD, ANNA | 3.2 NAME | MAPES, LYNN |
| STREET ADDRESS | 159 S BAHAMA DR | 3.3 STREET ADDRESS | 57723 MORTON ST |
| CITY-ST-ZIP | MARATHON, FL 00000 33050 | 3.4 CITY-ST-ZIP | MARATHON FL 33050 |
| TITLE | S <input type="checkbox"/> DELETE | 4.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SIMPSON, GEORGE | 4.2 NAME | MEARNS, MARDORIE |
| STREET ADDRESS | 259K GOODLEY ST. | 4.3 STREET ADDRESS | 400 70th ST, GULF |
| CITY-ST-ZIP | MARATHON FL | 4.4 CITY-ST-ZIP | MARATHON FL 33050 |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | FREEMAN, BATEMAN | 5.2 NAME | PEREZ-FERIA, ADDY |
| STREET ADDRESS | 1334 MARLIN DRIVE | 5.3 STREET ADDRESS | 65821 OVERSEAS HWY |
| CITY-ST-ZIP | MARATHON FL | 5.4 CITY-ST-ZIP | ISLAMORADA, FL 33036 |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | |
| NAME | MCDONALD, WILLIAM | 6.2 NAME | |
| STREET ADDRESS | 451 89TH ST. OCEAN | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | MARATHON FL | 6.4 CITY-ST-ZIP | |

14. I 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 with all other like empowered.

SIGNATURE: Michael Puto **REQUIRED** Date: 1/11/99 Daytime Phone #: 305-664-8536

CR2E037 (1/198)