

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90109 049 \*\*\*\*61.25

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

05/28/1973

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

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 VP ☐ DELETE  
NAME HANSEN, GEORGE  
STREET ADDRESS 29559 RANGER  
CITY-ST-ZIP BIG PINE KEY FL

1.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME DEFIELD, ROBERT  
1.3 STREET ADDRESS 11425 OVERSEAS HWY  
1.4 CITY-ST-ZIP MARATHON FL 33050

TITLE P ☐ DELETE  
NAME PUTO, MICHAEL  
STREET ADDRESS 700 89TH STREET OCEAN  
CITY-ST-ZIP MARATHON FL

2.1 TITLE D ☐ Change ☒ Addition  
2.2 NAME DOEL, JAMES  
2.3 STREET ADDRESS 5701 OVERSEAS HWY, STE 1B  
2.4 CITY-ST-ZIP MARATHON FL 33050

TITLE T ☐ DELETE  
NAME LOCKWOOD, ANNA  
STREET ADDRESS 159 S BAHAMA DR  
CITY-ST-ZIP MARATHON, FL 00000 33050

3.1 TITLE D ☐ Change ☒ Addition  
3.2 NAME MAPES, LYNN  
3.3 STREET ADDRESS 57723 MORTON ST  
3.4 CITY-ST-ZIP MARATHON FL 33050

TITLE S ☐ DELETE  
NAME SIMPSON, GEORGE  
STREET ADDRESS 259K GOODLEY ST.  
CITY-ST-ZIP MARATHON FL

4.1 TITLE D ☐ Change ☒ Addition  
4.2 NAME MEARNS, MARJORIE  
4.3 STREET ADDRESS 400 70th ST, GULF  
4.4 CITY-ST-ZIP MARATHON FL 33050

TITLE D ☐ DELETE  
NAME FREEMAN, BATEMAN  
STREET ADDRESS 1334 MARLIN DRIVE  
CITY-ST-ZIP MARATHON FL

5.1 TITLE D ☐ Change ☒ Addition  
5.2 NAME PEREZ-FERIA, ADDY  
5.3 STREET ADDRESS 65821 OVERSEAS HWY  
5.4 CITY-ST-ZIP ISLAMORADA, FL 33036

TITLE D ☐ DELETE  
NAME MCDONALD, WILLIAM  
STREET ADDRESS 451 89TH ST. OCEAN  
CITY-ST-ZIP MARATHON FL

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-664-8536

CR2E037 (11/98)