

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		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		24	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				\$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)