

N96000003964

ENGLEWOOD COUNSELING CENTER

1861 Placida Rd., Suite 101, Englewood, FL 34223
2525 Harbor Blvd., Suite 308, Port Charlotte, FL 33952

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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*****35.00 *****35.00

FILED
99 MAY 10 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*ROA Change
05-10-99
BJS*



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

April 28, 1999

ENGLEWOOD COUNSELING CENTER
SUITE 101
1861 PLACIDA ROAD
ENGLEWOOD, FL 34223

SUBJECT: THE CENTER SCHOOL, INCORPORATED
Ref. Number: N96000003964

We have received your document for THE CENTER SCHOOL, INCORPORATED and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the original name of your corporation and also the original date of incorporation in your document.

WE HAVE A DIFFERENT MAILING ADDRESS AND CHARTER NUMBER.
PLEASE AMEND YOUR DOCUMENT ACCORDINGLY.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6957.

Doug Spidler
Document Specialist

Letter Number: 299A00022589

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida Department of State, Katherine Harris, Secretary of State

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: The Center School, Incorporated
2. The mailing address of the corporation is: 9877 Gulfstream Blvd.
Englewood, Florida 34224
3. Date of incorporation/qualification: 7/26/96 Document number: N96000003964
4. The name and address of the current registered agent and office:
Sandra J. Fury
9877 Gulfstream Blvd.
Englewood, Fl 34224
5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)
Lynn R. Bernstein, Ph. D
7275 Manasota Key Road
Englewood, Fl 34223

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Lynn R. Bernstein, Ph.D.
(Signature of an officer, chairman or vice chairman of the board)

4/1/89
(Date)

Lynn R. Bernstein, Ph.D., Chair
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and I am familiar with and accept the obligation of my position as registered agent.

Lynn R. Bernstein, Ph.D.
(Signature of Registered Agent)

4/1/89
(Date)

If signing on behalf of an entity:

Lynn R. Bernstein, Ph.D., Chair
(Printed or typed name and Capacity)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA