

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 726520**

1. Entity Name

**THE GUIDANCE CLINIC OF THE MIDDLE KEYS, INC.****FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90092 011 \*\*\*\*\*70.00

0018091

Principal Place of Business

Mailing Address

**000 41ST STREET OCEAN  
MARATHON FL 33050****3000 41ST STREET OCEAN  
MARATHON FL 33050**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-1458324**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Delete
NAME	MAPES, LYNN	
STREET ADDRESS	206 MORTON STREET	
CITY-ST-ZIP	MARATHON FL 33050	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADDY PEREZ-FERIA	
STREET ADDRESS	PO BOX 28	
CITY-ST-ZIP	KEY COLONY BEACH FL 33051	

TITLE	P	<input type="checkbox"/> Delete
NAME	PUTO, MICHAEL	
STREET ADDRESS	700 89TH STREET OCEAN	
CITY-ST-ZIP	MARATHON FL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID MANZ	
STREET ADDRESS	5800 OVERSEAS HWY	
CITY-ST-ZIP	MARATHON FL 33050	

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LOCKWOOD, ANNA	
STREET ADDRESS	159 S BAHAMA DR	
CITY-ST-ZIP	MARATHON, FL 00000 33050	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT DEFIELD, DVM	
STREET ADDRESS	11425 OVERSEAS HWY	
CITY-ST-ZIP	MARATHON FL 33050	

TITLE	S	<input type="checkbox"/> Delete
NAME	SIMPSON, GEORGE	
STREET ADDRESS	259K GOODLEY ST.	
CITY-ST-ZIP	MARATHON FL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTORIE MEARNIS	
STREET ADDRESS	400 70TH ST GULF	
CITY-ST-ZIP	MARATHON FL 33050	

TITLE	D	<input type="checkbox"/> Delete
NAME	FREEMAN, BATEMAN	
STREET ADDRESS	1334 MARLIN DRIVE	
CITY-ST-ZIP	MARATHON FL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRICH WORTHINGTON	
STREET ADDRESS	5601 OVERSEAS HWY	
CITY-ST-ZIP	MARATHON FL 33050	

TITLE	D	<input type="checkbox"/> Delete
NAME	MCDONALD, WILLIAM	
STREET ADDRESS	451 89TH ST. OCEAN	
CITY-ST-ZIP	MARATHON FL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DDN WATHNE	
STREET ADDRESS	51865 MORTON ST	
CITY-ST-ZIP	MARATHON FL 33050	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

1/30/02

305-289-6150

CR2E037 (9/01)