

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000151197	
1. Entity Name A PSYCHOLOGICAL COUNSELING CENTER INC.	

Principal Place of Business 2001 PALM BEACH LAKES BLVD W PALM BEACH, FL 33409	Mailing Address 2001 PALM BEACH LAKES BLVD W PALM BEACH, FL 33409
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DO NOT WRITE IN THIS SPACE



03222006 No Chg-P CR2E034 (11/05)

4. FEI Number 58-2682541	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BLUM, MITCHELL 174 ESPERANZA WAY PALM BEACH GARDENS, FL 33418

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	1100000502804 04/26/06-80006-012 150.00
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10. OFFICERS AND DIRECTORS	
TITLE P	BLUM, LISA
NAME	174 ESPERANZA WAY
STREET ADDRESS	PALM BEACH GARDENS, FL 33418
CITY-ST-ZIP	
TITLE VP	BLUM, MITCHELL
NAME	174 ESPERANZA WAY
STREET ADDRESS	PALM BEACH GARDENS, FL 33418
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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: <i>Mitchell Blum</i> 4/10/06	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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