

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S56865

FILED  
Jan 25, 2012  
Secretary of State

**Entity Name:** CENTER FOR COUNSELING AND PSYCHOTHERAPY, INC.

**Current Principal Place of Business:**

4745 SUTTON PARK CT  
SUITE 802  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

**Current Mailing Address:**

4745 SUTTON PARK CT  
SUITE 802  
JACKSONVILLE, FL 32224

**New Mailing Address:**

**FEI Number:** 59-3068825      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WRENN, P. CHRISTOPHER  
231 EAST ADAMS STREET  
JACKSONVILLE, FL 32202      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LOMBANA-ARAGNO, JOYCE  
Address: 8375 A1A SOUTH  
City-St-Zip: ST. AUGUSTINE, FL 32080

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOYCE LOMBANA-ARAGNO

PRES

01/25/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date