

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-20-2003 90121 009 ****70.00

DOCUMENT # 726520

1. Entity Name
THE GUIDANCE CLINIC OF THE MIDDLE KEYS, INC.



90030392

Principal Place of Business
**3000 41ST STREET OCEAN
MARATHON FL 33050**

Mailing Address
**3000 41ST STREET OCEAN
MARATHON FL 33050**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1458324		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

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

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAPES, LYNN 206 MORTON STREET MARATHON FL 33050 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PUTO, MICHAEL 700 89TH STREET OCEAN MARATHON FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ-FERIA, ADDY P.O. BOX 28 KEY COLONY BEACH FL 33051 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SIMPSON, GEORGE 259K GOODLEY ST. MARATHON FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREEMAN, BATEMAN 1334 MARLIN DRIVE MARATHON FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDONALD, WILLIAM 451 89TH ST. OCEAN MARATHON FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/17/03 Daytime Phone #: 305-289-6150

CR2E037 (10/02)

90030392

GUIDANCE CLINIC of the MIDDLE KEYS, INC.
Board of Directors

Attachment
726520

Position	Member	Info	Numbers	Agency
1 Treasurer	Trich Worthington 5601 Overseas Highway Marathon, 33050	263-29-1949 5/02 - 05/05 DOB: 10/11/56 Caucasian	Home: 289-0792 Office: 289-5820 Cell: 664-1333	Orion Bank
2	Freeman Bateman 1334 Marlin Drive Marathon, FL 33050	238-35-0331 5/02 - 05/05 DOB: 09/12/35 Caucasian	Home: 743-6365 Fax: 743-6662	
3 Vice President	Don Wathne 57865 Morton Street Grassy Key, FL 33050	7/00 - 5/03 DOB: Caucasian	Home: 289-9378 Fax: 743-4537	
4 (No. Vote)	Addy Perez-Feria PO Box 28 KC. Beach, FL 33051	267-78-6533 5/00-5/03 DOB: 01/12/35 Hispanic	Home: 664-4040 Office: 743-0154	Preferred Jewelry
5	David Manz 5800 Overseas Highway Marathon, FL 33050	263-71-1864 5/00-5/03 DOB: 07/10/59 Caucasian	Home: 743-8442 Office: 743-3966 Fax: 743-6523 Cell: 393-1077	Greenman & Manz, Law Office (DavidManz@aol.com) Asst: Kathy/Annie
6 President	Lynn Mapes 57723 Morton Street Marathon, FL 33050	329-24-9595 5/02 - 05/05 DOB: 06/13/28 Caucasian	Home: 743-2036 743-3208 Fax: 743-9798	Retired, Reader's Digest Vice President, Associate Publisher
7	Col. William McDonald 451 89 th Street, Ocean Marathon, FL 33050	186-36-5541 5/01 - 05/04 DOB: 10/29/45 Caucasian	Home: 334-0604 Office: 292-7002 Fax: 292-7099 Cell: 481-1082	MCSO Asst: Michelle
8	Robert DeField, DVM 11425 Overseas Hwy Marathon, FL 33050	490-58-6765 5/01 - 05/04 DOB: 02/12/51 Caucasian	Home: 289-9585 Office: 743-3647 743-6250 Fax: 743-4663	Keys Animal Hospital
9	Marjorie Mearns 400 70 th Street, Gulf Marathon, FL 33050	193-30-9323 5/01 - 05/04 DOB: 11/08/38 Caucasian	Home: 743-3420 Office: 743-0036 Cell: 731-9080	
10 Secretary	Lt. George Simpson 57443 Goodley Street Marathon, FL 33050	246-58-3194 5/02 - 05/05 DOB: 08/19/41 African American	Home: 743-7924 Office: 745-3184 Cell: 712-0009	MCSO
11	Michael Puto 700 89 th Street Marathon, FL 33050	265-78-7088 5/00-5/03 DOB: 01/13/48 Caucasian	Home: 743-9562 Office: Beeper: 427-0913 Fax: 743-9296	
12	Vacant			

*Annual Meeting - May
*Term - 3 years
*CEO annual Eval - August

U:/Mo/word/directors