## 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.

PRESIDENT

#### SIGNATURE: CINDY B HARDWICK

Electronic Signature of Signing Officer/Director Detail

#### 2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# P02000051603

## Entity Name: COUNSELING CENTER OF TAMPA BAY INC.

## **Current Principal Place of Business:**

4929 VAN DYKE ROAD LUTZ. FL 33558

#### **Current Mailing Address:**

4929 VAN DYKE ROAD LUTZ. FL 33558

#### FEI Number: 02-0600996

## Name and Address of Current Registered Agent:

HARDWICK, CINDY B 4929 VAN DYKE ROAD LUTZ, FL 33558 US

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

# Officer/Director Detail ·

Title	Ρ	Title	S
Name	HARDWICK, CINDY B	Name	BOSCO, GEORGETTA L
Address	4929 VAN DYKE ROAD	Address	4929 VAN DYKE ROAD
City-State-Zip:	LUTZ FL 33558	City-State-Zip:	LUTZ FL 33558

er/Director Detail :				
	Р	Title	S	
	HARDWICK, CINDY B	Name	BOSCO, GEORGETTA L	
s	4929 VAN DYKE ROAD	Address	4929 VAN DYKE ROAD	
ate-Zip:	LUTZ FL 33558	City-State-Zip:	LUTZ FL 33558	

03/24/2013 Date

## FILED Mar 24, 2013 Secretary of State CC7049843134

Certificate of Status Desired: No

Date