

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000086782

**Entity Name:** COMPASSIONATE COUNSELORS , INC.

**Current Principal Place of Business:**

1045 EAST ATLANTIC AVENUE  
SUITE 205  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

PO BOX 7477  
DELRAY BEACH, FL 33482 US

**FEI Number:** 20-5113451

**Certificate of Status Desired:** No

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

COX, JULEE  
1045 EAST ATLANTIC AVENUE  
SUITE 205  
DELRAY BEACH, FL 33483 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

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name COX, JULEE  
Address 128 VIA D ESTE  
#603  
City-State-Zip: DELRAY BEACH FL 33445

*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:** JULEE COX

**PRESIDENT**

**02/20/2016**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date