

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S56865

Entity Name: CENTER FOR COUNSELING AND PSYCHOTHERAPY, INC.

Current Principal Place of Business:

4745 SUTTON PARK CT
SUITE 802
JACKSONVILLE, FL 32224

Current Mailing Address:

8375 A1A SOUTH
ST AUGUSTINE, FL 32080 US

FEI Number: 59-3068825

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WRENN, P. CHRISTOPHER
231 EAST ADAMS STREET
JACKSONVILLE, FL 32202 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 PD
Name LOMBANA-ARAGNO, JOYCE
Address 8375 A1A SOUTH
City-State-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

PRESIDENT

03/14/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date