

**2014 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:**

4745 SUTTON PARK CT  
SUITE 802  
JACKSONVILLE, FL 32224

**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**

**03/02/2014**

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

\_\_\_\_\_  
Date