

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90092 011 ****70.00

0018091

DOCUMENT # 726520

1. Entity Name

THE GUIDANCE CLINIC OF THE MIDDLE KEYS, INC.

Principal Place of Business

Mailing Address

**000 41ST STREET OCEAN
 MARATHON FL 33050**

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1458324

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** Delete
 NAME **MAPES, LYNN**
 STREET ADDRESS **206 MORTON STREET**
 CITY-ST-ZIP **MARATHON FL 33050**

TITLE **D** Change Addition
 NAME **ADDY PEREZ-FERIA**
 STREET ADDRESS **PO BOX 28**
 CITY-ST-ZIP **KEY COLONY BEACH FL 33051**

TITLE **P** Delete
 NAME **PUTO, MICHAEL**
 STREET ADDRESS **700 89TH STREET OCEAN**
 CITY-ST-ZIP **MARATHON FL**

TITLE **D** Change Addition
 NAME **DAVID MANZ**
 STREET ADDRESS **5800 OVERSEAS HWY**
 CITY-ST-ZIP **MARATHON FL 33050**

TITLE **T** Delete
 NAME **LOCKWOOD, ANNA**
 STREET ADDRESS **159 S BAHAMA DR**
 CITY-ST-ZIP **MARATHON, FL 00000 33050**

TITLE **D** Change Addition
 NAME **ROBERT DEFIELD, DVM**
 STREET ADDRESS **11425 OVERSEAS HWY**
 CITY-ST-ZIP **MARATHON FL 33050**

TITLE **S** Delete
 NAME **SIMPSON, GEORGE**
 STREET ADDRESS **259K GOODLEY ST.**
 CITY-ST-ZIP **MARATHON FL**

TITLE **D** Change Addition
 NAME **MARJORIE MEARNIS**
 STREET ADDRESS **400 70TH ST GULF**
 CITY-ST-ZIP **MARATHON FL 33050**

TITLE **D** Delete
 NAME **FREEMAN, BATEMAN**
 STREET ADDRESS **1334 MARLIN DRIVE**
 CITY-ST-ZIP **MARATHON FL**

TITLE **D** Change Addition
 NAME **TRICH WORTHINGTON**
 STREET ADDRESS **5601 OVERSEAS HWY**
 CITY-ST-ZIP **MARATHON FL 33050**

TITLE **D** Delete
 NAME **MCDONALD, WILLIAM**
 STREET ADDRESS **451 89TH ST. OCEAN**
 CITY-ST-ZIP **MARATHON FL**

TITLE **D** Change Addition
 NAME **DDN NATHAN**
 STREET ADDRESS **57665 MORTON ST**
 CITY-ST-ZIP **MARATHON FL 33050**

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/02

305-289-6150

CR2E037 (9/01)