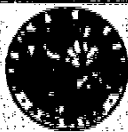


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726696 (8)

1. Corporation Name

GUIDANCE CLINIC OF THE UPPER KEYS, INC.

**APPROVED
AND
FILED**
95 APR 26 AM 11:05

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

**MILE MARKER 90
P O BOX 363
TAVERNIER FL 33070**

**MILE MARKER 90
P O BOX 363
TAVERNIER FL 33070**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/13/1973

3a. Date of Last Report

04/06/1994

4. FEI Number

59-1462836

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LANNON, BERNADETTE
137 FONTAINE LAKE DR
TAVERNIER FL 33070**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PO
NAME	LANNON, BERNADETTE
STREET ADDRESS	137 FONTAINE LAKE DR
CITY - ST - ZIP	TAVERNIER FL
TITLE	SD
NAME	PRBYL, AUDREY
STREET ADDRESS	130 FONTAINE LAKE DR
CITY - ST - ZIP	TAVERNIER FL
TITLE	Y
NAME	WILCOX, FRANCES
STREET ADDRESS	266 ST. THOMAS AVE.
CITY - ST - ZIP	KEY LARGO FL
TITLE	VD
NAME	JMINEZ, BERT
STREET ADDRESS	177 HIBISCUS
CITY - ST - ZIP	TAVERNIER FL
TITLE	EXD
NAME	MATTHEWS, RICHARD PH.D
STREET ADDRESS	139 MOWHAWK
CITY - ST - ZIP	TAVERNIER FL 33070
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	Foley, Robert
3.3 STREET ADDRESS	8710B Overseas Highway
3.4 CITY - ST - ZIP	Islamorada FL 33036
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Richard Matthews, PhD

Richard Matthews, PhD

4/21/95

305-853-3284

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature #