FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION *****ÁNNUAL REPORT

1998

Principal Place of Business

4137 WEST WATERS AVENUE TAMPA FL 33614

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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24



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

28

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POST OFFICE BOX 273107 TAMPA FL 33688

TAMPA STRESS CENTER, INC.

DO NOT WRITE IN THIS SPACE						
3. Date Incorporated or Qualified						
06/28/1983						
4. FEI Number		Applied For				
59-2330302		Not Applicable				
5. Certificate of Status Desired	হ্	\$8.75 Additional Fee Regulred				
Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees				

8. This corporation owes or has paid the current year Intangible

☐ Yes

FILED

May 05 1998 8:00am

Secretary of State

9. Name and Address of Current Registered Agent WESTWOOD, KIMBERLY L. 4137 WEST WATERS AVENUE **TAMPA FL 33614**

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ſ	62	Street Address (P.O. Box Number is Not Acceptable)					
Ī	63						
ŀ	84	City	 	FI	85	Zip Code	
ᇿ		named carecration	ubmite this eletement for the sures		البلا	ning its registered	

10. Name and Address of New Registered Agent

Personal Property Tax due June 30.

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.

Country

Name

30

	Signature, typed or prefed name of ingistered agent and bite if a		legistered Agent signature	required when reinstating) (JATE
12.	OFFICERS AND DIRECT		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Bushong, Carl W		1,2 NAME	
STREET ADDRESS	4137 WEST WATERS AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	
TITLE	DVS	DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Westwood, Kimberly L.		2.2 NAME	
STREET ADDRESS	4137 WEST WATERS AVENUE		2.3 STREET ADDRESS	
CITY+ST-ZIP	TAMPA FL		2. 4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY - ST - ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			63 STREET ADORESS	
l l				

14. Thereby 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

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D13-874-7735