

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 03, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90001 009 \*\*\*150.00

**DOCUMENT # H59488**

1. Entity Name

MCDERMID FAMILY COUNSELING CENTER, PA



Principal Place of Business

5700 GRAHAM RD  
FT. PIERCE FL 34947  
US

Mailing Address

5700 GRAHAM RD  
FT. PIERCE FL 34947  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2539660

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

MCDERMID, JOHN T.  
5700 GRAHAM RD  
FT. PIERCE FL 34947

7. Name and Address of New Registered Agent

Name Marcia G. McDermid  
Street Address (P.O. Box Number is Not Acceptable)  
5700 Graham Road  
City Fort Pierce FL Zip Code 34947

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Marcia G. McDermid MARCIA G. McDERMID 2/27/04  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

|                |                     |                                 |
|----------------|---------------------|---------------------------------|
| TITLE          | DT                  | <input type="checkbox"/> Delete |
| NAME           | MCDERMID, JOHN T.   |                                 |
| STREET ADDRESS | 5700 GRAHAM RD.     |                                 |
| CITY-ST-ZIP    | FT. PIERCE FL 34947 |                                 |
| TITLE          | VS                  | <input type="checkbox"/> Delete |
| NAME           | MCDERMID, MARCIA G. |                                 |
| STREET ADDRESS | 5700 GRAHAM RD.     |                                 |
| CITY-ST-ZIP    | FT. PIERCE FL 34947 |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |    |  |
|----------------|----|--|
| TITLE          | VT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |    |  |
| STREET ADDRESS |    |  |
| CITY-ST-ZIP    |    |  |
| TITLE          | DS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |    |  |
| STREET ADDRESS |    |  |
| CITY-ST-ZIP    |    |  |
| TITLE          |    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |    |  |
| STREET ADDRESS |    |  |
| CITY-ST-ZIP    |    |  |
| TITLE          |    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |    |  |
| STREET ADDRESS |    |  |
| CITY-ST-ZIP    |    |  |
| TITLE          |    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |    |  |
| STREET ADDRESS |    |  |
| CITY-ST-ZIP    |    |  |

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 607, 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: Marcia G. McDermid Marcia G. McDermid 772.464.0114  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
2/27/04