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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H88850

(3)

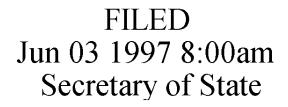
PROFESSIONAL COUNSELING CENTRES OF SARASOTA AND BRADENTON, INC.

Principal Place of Business

Mailing Address

1808 ORCHID STREET

1808 ORCHID STREET





SARASOTA FL 34239			SARASOTA FL 34239-5131						
							3. Date Incorporated or Qualifie 12/06/1985	d 3a. Date of Last 04/04/1996	Report
2. Principal Place of Business			2a. Mailing A	2a. Mailing Address			4. FEI Number		Applied For
21			26				59-2628010	N	Not Applicable
Sulte, Apt. #, etc.			<u></u> ⊢ ' '	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
City & State			27 City & Str	City & State				Fee I	Required
23	.0		28	alo.			<ol> <li>Election Campaign Financing Trust Fund Contribution</li> </ol>		O May Be d to Fees
Zip		Country	Zip		Cou	ntry	8. This corporation has liability to		
24	25		29		30		Florida Statutes	Yes No	3. 100.00E,
	9. Name and	Address of Curre	nt Registered Age	nt			10. Name and Address of New	Registered Agent	
	DMAN; ALLAN					81 Name	PAUL WHITE, LCSW		
	B ORCHID STRE			ŀ	82 Street	Address (P.O. Box Number is Not Accept	table)		
* SAR	ASOTA FL 3423	19					1808 ORCHID STREET		
•						83			ĺ
(b)					ŀ	<b>B4</b> City		<b>85</b> Zip	Code
44 Diversions	An alan ann daine a	10	20 1 202 4502 F	: - l - Ot - t -		_1	SARASOTA	FL   3	4239
office or a	to the provisions o regi <b>ste</b> red agen	or both use the State	oz and 607,1508, F of Florida. Such c	lorida Statut hange was :	es, the ab authorized	ove-named by the corp	corporation submits this statement for the poration's board of directors. I hereby ac	e purpose of changing cept the appointment a	its registered is registered
agent. I a	am familiat with	accept the oblig	ations of, Section €	607.0505, Fi	orida Statu	ites.		/ L	, _
SIGNATURE	Signatur, pped of print	led neove of requisioned an	ent and title if applicable	(NOT	h Genisland	Agent construc	required when reinstalling)	2-20-7	<b>/</b>
12.	digital grade of part		ID DIRECTORS		13.	Agent a grandle	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTO	RS IN 12
TITLE	PD			DELETE	1.1 111	LE .		Change	
NAME	WHITE, PAUL				1.2 NA	ME			
STREET ADDRESS	1808 ORCHID	STREET			1.3 ST	EET ADDRESS			
CITY-ST-ZIP	SARASOTA FL	<u>.                                    </u>			1,4 CIT	Y-ST-2IP			
TITLE	VD		K	<b>X</b> DELETÉ	2.1 111	LE.		☐ Change	☐ Addition
NAME	FOODMAN, A				2.2 NA	NE			
STREET ADDRESS	1808 ORCHID				2.3 STF	REET ADDRESS			
CITY-ST-ZIP	SARASOTA FL	• · · · · · · · · · · · · · · · · · · ·		Locucec	_	Y-ST-ZIP			
TITLE	SDT DADVED IAM	ıE	L.	DELETE	3.1 TIT			∐ Change	Addition
NAME OTOTET ADDRESS	BARKER, JAIN 1808 ORCHID				3.2 NA				
STREET ADDRESS	SARASOTA FL					EET ADDRESS			
CITY-ST-ZIP TITLE	OMPASOIA FE	•		DELETE	3.4. CI	Y-ST-ZIP		☐ Change	Addition
NAME	ŀ		Le .	, DELLIE	4 2 NA			L_1 Grange	L. AUURIUN
STREET ADDRESS					1	eet address			
CITY-ST-ZIP					•	Y-SI-ZIP			
TITLE	_			DELETE	5.1 111	···		Change	Addition
NAME			-		5.2 NA				
STREET ADDRESS						EET ADDRESS			
CITY-ST-ZIP						Y - ST - ZIP			
TITLE				DELETE	6.1 TITI			Change	☐ Addition
NAME					6.2 NA			_ ,	
STREET ADDRESS					6.3 STF	EE1 ADDRESS			
CITY-ST-ZIP	1					(+\$1-7IP			

I do 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 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 tam 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.