## **2004 FOR PROFIT CORPORATION**

## **ANNUAL REPORT (AR)** DOCUMENT # H88850



FILED Apr 14, 2004 8:00 am Secretary of State

Pincipae Place of Susmess   Mailing Address   1908 ORCHID STREET   190	PROFESSIONAL COUNSELING CENTRES OF SARASOTA AND BRADENTON, INC.					04-14-2004 90057 039 *	***150.00		
Sulfie, Apt   File   Sulfie	1808 ORCHID STREET		1808 ORCHID STREET	1808 ORCHID STREET					
Cty & State  Cty & State  Country  Coun	2. Principal P	Place of Business	3. Mailing Address	3. Mailing Address					
The Address of Current Registered Agent  S. Name and Address of Current Registered Agent  Name	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		MOORE CR2E034	(11/03)		
S. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent   7. Name and Address   7. Nam	City & State		City & State		4.	FEI Number 59-2628010			
Name	Zip	Country	Zip	Country	5.		\$8.75 Add	ditional	
Name		6. Name and Address of Curr	ent Registered Agent		7.	Name and Address of New Registered	Agent		
Street Address (P.O. Box Number is Not Acceptable)	The state of the s								
Signature:    City   FL   Zip Code	∍ 180	8 ORCHID STREET		Street Address		Box Number is Not Acceptable)			
8. The above mander entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am **Line** with, and accept the obligations of registered agent, or both, in the State of Florida. I am **Line** with, and accept the obligations of registered agent, or both, in the State of Florida. I am **Line** with, and accept spring in the obligations of registered agent, or both, in the State of Florida. I am **Line** with, and accept spring in the obligations of registered agent, or both, in the State of Florida. I am **Line** with, and accept spring in the obligations of registered agent, or both, in the State of Florida. I am **Line** with, and accept spring in the spring in t	, J	# <b>:</b> 한다.						•	
SIGNATURE   Signature typed to printed name of registered agent agent tender to the patience agent tender tender to the patience agent tender tender to the patience agent tender to the patience agent tender tender to the patience agent tender to the patience agent tender tend		a Mo Reference and a second		City		- FL	Zip Code	e	
Signahum. Propriete rangered appert animate it appertance   Parison   Pari	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.								
### RILE NOW!!! FEE IS \$150.00 ### After May 1, 2004 Fee will be \$550.00 ### Added to Fees ### Added t									
### After May 1, 2004 Fee will be \$50.00   St.00 May Be hadded by Added Fee will be \$50.00 may Be hadded by Added by Add	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
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		pertify that the information supplied	with this filling dags not qualify for t	<b></b>	in Section	n 110 07/3\/i\ Florida Statutos I further	tific there the '-	formatica	

indicated on this report or supplemental report is true and of the corporation or the receiver or trustee empowered to changed, or on an attachment with an address, with all of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if er like empowered.

**SIGNATURE:**