## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** 

STREET ADDRESS

CITY - ST - ZIP



FLORIDA DEPARTMENT OF STATE

	ANNL	JAL REPORT		Secre	a B. Mortham stary of State F CORPORATIONS			
		ME:NT #	J00288	(7)				
		IDA SOCIETY	OF PROFESSIO	DNAL HYPNOTHER	rapists,			
Principal Place of Business Mailing Address  197 GLENWOOD RD DELAND FL 32720 US  Mailing Address  197 GLENWOOD RD DELAND FL 32720 US US					)	T 108/118 CHK OUNT BOILD MOUT I		
		<del>-</del>				3. Date Incorporated or Qualified 02/20/1986	3a. Date of Last R 03/02/1	
2. 21	· 	ace of Business		2a. Mailing Address		4. FEI Number 59-2697952	} ·	Applied For Not Applicable
22	Suite, Apt. #			Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional Required
23	City & State			City & State		Election Campaign Financing     Trust Fund Contribution		0 May Be
24	Zip	25		Zip <b>29</b>	Country 30		<b>⊠</b> No	199.032,
<u></u> -	·	9. Name and Ad	dress of Current Re	gistered Agent	B1 Name	10. Name and Address of New F	egistered Agent	
		GERALD F. LENWOOD ROAD	1		1 1	KEIN, SHIRLEY Address (P.O. Box Number is Not Acceptable 7 GLENWOOD RD	L.	
		D FL 32720			83	I GEENWOOD KD		
						DELAND	FL 85 Zig	Code 2720
11.	<ul> <li>Pursuant to or registere familiar with</li> </ul>	o the provisions of S ad agent, or both, in n, and accept the ob	ections 607.0502 and the State of Florida. S Digations of, Section 6	607.1508, Florida Statuti uch change was authoriz 07.0505, Florida Statutes	es, the above-named co ed by the corporation's	orporation submits this statement for the pur thard of directors. I hereby accept the appoint	pose of changing its re pintment as registered	egistered office agent. I am
	SNATHRE	SHIRLEY	L KEIN		' x d	Ruleer & Rom		
12		signature, typed or printed n	one of registered agent and till OFFICERS AND DIF		TE: Registered Agent signature r	· · · · · · · · · · · · · · · · · · ·	DATE	<u> </u>
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Office		197 GLENWO	DOD RD	Doctor	1.2 NAME 1.3 STREET ADDRESS	KEIN, SHIRLEY L. 197 GLENWOOD RD	<b>⊠</b> Change	7 You won 12 A C
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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 119.07(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 cath; 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.

SIGNATURE: SHILLEY L. KEIN SAMULLAND SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEROR BRECTOR Daytime Phone It

6.3 STREET ADDRESS

6 4 CITY - ST - ZIP