FILED

Jan 28, 1999 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

01-28-1999 90042 022 ***150.00

Mailing Address

1290 PALM AVE

SARASOTA FL 34236

SUITE 114



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K57405

Corporation Name

Principal Place of Business

1290 PALM AVE

SARASOTA FL 34236

SUITE 114

FLORIDA HYPNOSIS AND COUNSELING CENTER, INC.

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5 D : D	of Duninger	2a Mailing Address	2a. Mailing Address				Appl	ied For	
2. Principal Pia	ace of Business	<u> </u>	<u>⊢</u>			_	Not	Applicable	
1		Cuite Ast # otc	Suite Apt # etc				\$8.75 Ac	Iditional	
Suite, Apt. #, etc.					5. Certifcate of Status Desired]	Fee Req	uired	
01, 2 044					6. Election Campaign Financing		\$5.00 N	lav Be	
_ City & State				Trust Fund Contribution Added to Fees					
3 Zip Country Zip			Country		8. This corporation owes the cu	rrent vear Inta	angible		
Zip	Country		30	•	Personal Property Tax.	,	∐Yes [⊒No	
4	25		30		10. Name and Address of New	Registered	Agent		
n	9. Name and Address of Curre	* Registered Agent	81	Name					
WILITT	TO DOMENA								
WHITE, DONNA 1290 PALM AVENUE, SUITE 114				82 Street Address (P.O. Box Number is Not Acceptable)					
1290 PALM AVENUE, SUITE 114					3 8 7 8 9 1 2 1 2 1 3 1 5 4 5 5 4 7 2 1 3 1 4 1 5 4 7 2 2 3 1 4 1 5 4 7 2 3 3 3 1 4 1 5 4 7 2 3 3 3 1 4 1 5 4 7 2 3 3 3 3 1 4 1 5 4 7 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	3-281394	3 : 1 4 1 6 1	311154	
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11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the State	502 and 607.1508, Florida Statute	es, the above	e-named corpo the corporation	oration submits this statement for the n's board of directors. I hereby acc	cept the appoi	ntment as reg	istered	
	egistered agent, or both, in the Stati m familiar with, and accept the oblig							ţ	
		•							
SIGNATURE	Signature, typed or printed name of registered ac	gent and title if applicable. (NOTE	Registered Age	nt signature required	when reinstating)!	DATE	ID DIDECTOR	20 IN 12	
12.	OFFICERS A	ND DIRECTORS	13.	` -	ADDITIONS/CHANGES TO	JFFICERS AN	☐ Change	Addition	
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NAME	WHITE, DONNA		1.2 NAME	\					
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CITY-ST-ZIP			6.4 C/TY-	41	Castion 110 07/2)(i) Florido Statut	es I further co	rtify that the i	nformation	
14. I hereby	certify that the information supplied	with this filing does not qualify for	or the exemp urate and th	otion stated in S at my signature	section 119.07(3)(1), rionda Statut e shall have the same legal effect	as if made uno	ter oath; that	l am an	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 113.07(3)(i), it is a discussion of the composition of the comp									
Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.									

SIGNATURE:

COSTONATIVE THE STATE OF DIRECTOR

1/11/99

941-355-010

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