

FILE NOW: FILING FEE AFTER MAY 1 1995

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortman
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 4:07

TALLAHASSEE, FLORIDA

DOCUMENT # K 91903

1. Corporation Name

Susan L Henry L.C.S.W., P.A.

Principal Place of Business

Mailing Address

*3344 Bahia Vista St.
Sarasota, FL 34239*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

6/1/89

5/94

4. FET Number

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite Apt. # etc.

Suite Apt. # etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

*Susan L. Henry L.C.S.W.
3344 Bahia Vista St.
Sarasota, FL 34239*

81. Name

Susan Henry Ham, L.C.S.W.

82. Street Address (P.O. Box Number is Not Acceptable)

3945 Hidden Glen Dr.

83.

84. City

Sarasota

FL

85. Zip Code

34239

11. Pursuant to the provisions of Sections 607.0507 and 607.1508 Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office
or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am
familiar with and accept the obligations of Section 607.0505 Florida Statutes.

SIGNATURE

Susan Henry Ham

By 11. Registered Agent or authorized officer or other representative

5/26/95

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME
STREET ADDRESS
CITY, ST., ZIP

*Susan Henry Ham, President
3945 Hidden Glen Dr.
Sarasota, FL 34239*

NAME
STREET ADDRESS
CITY, ST., ZIP

NAME
STREET ADDRESS
CITY, ST., ZIP

NAME
STREET ADDRESS
CITY, ST., ZIP

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CITY, ST., ZIP

1. NAME
2. STREET ADDRESS
3. CITY, ST., ZIP

4. NAME
5. STREET ADDRESS
6. CITY, ST., ZIP

7. NAME
8. STREET ADDRESS
9. CITY, ST., ZIP

10. NAME
11. STREET ADDRESS
12. CITY, ST., ZIP

13. NAME
14. STREET ADDRESS
15. CITY, ST., ZIP

16. NAME
17. STREET ADDRESS
18. CITY, ST., ZIP

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☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

REMITTED BY MAY 1

5/1/95 mst

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 199.03(6)(b) Florida Statutes. I further
certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as a signed certificate
of preparation of Block 12 or Block 13 if it is changed or an attachment with an address.

SIGNATURE

Susan Henry Ham

5/26/95 (813) 954-0006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Florida State