Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90040 028 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L11994

1. Corporation Name

SOUNDSIDE COUNSELING SERVICES, P.A.

Principal Place of Business Mailing			ng Address				- I \$0011011 001 11001 11010 10110 1	RIN ON OUR OR OLD IN	B al Diğ il B abil bi	
151 MARY ESTHER BLVD. SUITE 202 MARY ESTHER FL 32569 US		151 MARY ESTHER BLVD. SUITE 202 MARY ESTHER FL 32569 US			DO NOT WR	ITE IN THIS	SPACE			
						3. Date Incorporated or Qualifect 08/24/1989				
2. Principal P	lace of Business	2a. Mailing A	Address	,			4. FEI Number		Apr	olied For
21		26					59-2968758			Applicable
Suite, Apt.	#, etc.	Suite, Ap		,	-		5. Certifcate of Status Desired		\$8.75 A	
City & State		City & St	City & State				6. Election Campaign Financing		\$5.00	
23		28					Trust Fund Contribution		Added to	Fees
Zip	Country 25	Zip	Ī:	Count	ry		This corporation owes the cur Personal Property Tax.	rent year Int	rngible Yes	No
/	9. Name and Address of Curre						10. Name and Address of New	Registered	Agent	
				8	1 1	Name				
BROOME, CHARLES R. 151 MARY ESTHER BLVD.				8	2 5	Street Addre	treet Address (P.O. Box Number is Not Acceptable)			
SUITE 202				8	3		1.0 4-			
MAR	Y ESTHER FL 32569			L				•		\
				8	4 (City		FL	85 Zip C	ode
office or r agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the State im familiar with, and accept the oblig	of Florida. Such c	:hange was au	thorized b	y the	named corpo e corporation	oration submits this statement for the n's board of directors. I hereby acce	purpose of pt the appoi	changing its introduced the changing its interest as reg	registered pistered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable.	(NOTE: F	Registered Ag	ent si	gnature required	when reinstating)	DATE	- 198	
12.		ND DIRECTORS		13.			ADDITIONS/CHANGES TO O	FICERS AN	D DIRECTO	RS IN 12
TITLÉ	PTD		DELETE	1.1 TITLE	Ξ				Change	Addition
NAME	BROOME, DONNA J.			1.2 NAME	E					
STREET ADDRESS	2559 PALM SHORES DR			1.3 STRE	ET AC	DDRESS				
CITY-ST-ZIP	SHALIMAR FL 32579			1.4 CITY	-ST-Z	OP				
TITLE	VSD DELETE		2.1 TITLE	2.1 TITLE				Change	☐ Addition	
NAME	BROOME, CHARLES R.		2.2 NAME							
STREET ADDRESS	2559 PALM SHORES DR			2.3 STRE	ETAC	DDRESS				1
CITY-ST-ZIP	SHALIMAR FL 32579		مود. و <u>مسومور</u> ه	2.4 CITY	/-ST-Z	ZIP -	4	- : = -		
TITLÉ	. 1	[DELETE	3.1 TITLE	•				Change	Addition
NAME				3.2 NAME	E					
STREET ADDRESS				3.3 STRE 3.4. CITY						
CITY-ST-ZIP		7	DELETE	4,1 TITLE		LIF .			☐ Change	Addition
TITLE		,	LJ OLLLYG	4. 2 NAM					_ ·	
NAME						ADDECC				
STREET ADDRESS				4.3 STRE			•			ł
CITY-ST-ZIP			DELETE	4.4 CITY-		<u> </u>	<u>.</u>		☐ Change	Addition
TITLE				5.2 NAMI					- •	_
NAME	į					nnoess				
STREET ADDRESS				5.3 STRE	ET AC	JUNEOU I				
OFFICE ST										
CITY-ST-ZIP			T) DELETE	5.3 STRE 5.4 CITY 6.1 TITLE	-ST-Z				☐ Change	☐ Addition
TITLE	1. <u>12</u> 15 15 15 15 15 15 15 15 15 15 15 15 15		DELETE	5.4 CITY	-ST-Z				☐ Change	Addition

CITY-ST-ZIP 14. I 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

850-243-2466