

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 27, 1999 8:00 am
Secretary of State
07-27-1999 90031 019 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M79945

1. Corporation Name
FAMILY GROWTH AND DEVELOPMENT, JOSEPH A. MACCARR ONE, PSY.D., P.A.

Principal Place of Business
1375 S SEMORAN BLVD
1311
WINTER PARK FL 32792
US

Mailing Address
1375 S SEMORAN BLVD
1311
WINTER PARK FL 32792
US

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
25 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/04/1988

4. FEI Number
59-2907121

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 owes the current year Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
MACCARRONE, JOSEPH A.
1375 S SEMORAN BLVD.
SUITE 1311
WINTER PARK FL 32792

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	MACCARRONE, JOSEPH A.	
STREET ADDRESS	1375 S SEMORAN BLVD. #1311	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MACCARRONE, JOSEPH A.	
STREET ADDRESS	1375 S SEMORAN BLVD. #1311	
CITY-ST-ZIP	WINTER PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1025 So Semoran Blvd # 1093
1.4 CITY-ST-ZIP	Winter Park, FL 32792
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1025 So Semoran Blvd # 1093
2.4 CITY-ST-ZIP	Winter Park, FL 32792
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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.

SIGNATURE: _____ SIGNATURE REQUIRED 7/8/99 407 6795699

CR2E034 (5/99)

596882-9003119
M79945

JOSEPH MACCARRONE, Psy. D., P.A.

CLINICAL PSYCHOLOGIST

FAMILY GROWTH AND DEVELOPMENT, INC. • DRUG, FAMILY & MARRIAGE COUNSELING
GROUPS OR INDIVIDUALS • ADULTS & ADOLESCENTS • STRESS MANAGEMENT
LICENSE # PY0003742

LAKEVIEW OFFICE PARK
1025 SO. SEMORAN BLVD.
SUITE 1093
WINTER PARK, FL 32792

TELEPHONE
679-6699

July 8, 1999

Division of Corporations
Annual Reports Findings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Document #M79945
Family Growth & Development,
Joseph A. Maccarrone, Psy.D.

Dear Sir/Madam:

As per our conversation of July 7, 1999, please be advised:

Our Corporation taxes were paid on March 5, 1999 by our check #5378 in the amount of \$150.00. Enclosed please find our copy of the form and a copy of our check stub. As indicated on the stub by the "o", this check is still outstanding. I have requested a stop payment on this check (copy enclosed) and reissued the payment under check # 5454.

I have no idea as to where the first form and check are and am sorry for this inconvenience. I was advised to fill out the "Second Notice" form and to send the enclosed copies with a new check in the amount of \$150.00.

If I can be of further assistance, please contact me.

Sincerely,


Joseph Maccarrone, Psy.D.
Family Growth & Development

JM/ca

enc