

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

9/8/2

FILED
Sep 30, 2004 8:00 am
Secretary of State

09-08-2004 90124 035 ****61.25

00434600



07102004 Chg-NP CR2E037 (10/03)

DOCUMENT # N04000000218					
1. Entity Name A STATE OF MIND COUNSELING & WELLNESS CENTERS, INC.					
Principal Place of Business 1212 E BROWARD BLVD STE 204 FT LAUDERDALE, FL 33301			Mailing Address 1212 E BROWARD BLVD STE 204 FT LAUDERDALE, FL 33301		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0515804	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PECORARO, CARMINE J 1718 NE 7 TERR FT LAUDERDALE, FL 33305			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when rechartering)					
Filing Fee Is \$61.25 Due by September 8, 2004		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete PECORARO, JUDITH A 1718 NE 7 TERR FT LAUDERDALE, FL 33305				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete GAURINO, MICHELE 180 NW 47 ST FT LAUDERDALE, FL 33309				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete PECORARO, CARMINE 1718 NE 7 TERR FT LAUDERDALE, FL 33305				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Delete GUARINO, MICHAEL JR 7268 CRYSTALL SPRING RUN SPRING HILL, FL 34607				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PECORARO, JUDITH A 1718 NE 7 TERR FT LAUDERDALE, FL 33305				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JAMES CONTI 100 BAYVIEW DR #1716 SUNNY ISLES BEACH, FL 33160				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____				Date: 8/29/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone: 954-463-2723	



Attachment
66634286

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

September 10, 2004

A STATE OF MIND COUNSELING & WELLNESS CENTERS, INC.
1212 E BROWARD BLVD STE 204
FT LAUDERDALE, FL 33301

Subject: A STATE OF MIND COUNSELING & WELLNESS CENTERS, INC.

Reference Number: **N04000000218**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION