2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2009
Secretary of State

DOCUMENT# N04000003518

Entity Name: THE GESTALT CENTER OF GAINESVILLE, INC.

Current Principal Place of Business:

1505 NW 16TH AVE.
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

1505 NW 16TH AVE.
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 27-0092553 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KORB, MARGARET P DR
1515 NW 29TH RD
#D1
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DR ( ) Delete
Name: KORB, MARGARET P
Address: 1505 NW 16TH AVE.
City-St-Zip: GAINESVILLE, FL 32605

Title: MSW ( ) Delete
Name: CORNWELL, BRUCE
Address: 444 SE 5TH AVE.
City-St-Zip: MELROSE, FL 32666

Title: TD ( ) Delete
Name: MARTIN, ALICE
Address: 1705 NW 6TH ST.
City-St-Zip: GAINESVILLE, FL 32609

Title: MS ( ) Delete
Name: KORB, JOHN P
Address: 1609 NE 18 PL
City-St-Zip: GAINESVILLE, FL 32609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALICE MARTIN DIR 06/29/2009

Electronic Signature of Signing Officer or Director — Date