

FILED
Jun 15, 2001 8:00 am
Secretary of State

05-14-2001 90251 036 ****61.25

DOCUMENT # N23778

1. Entity Name

CRITICAL INCIDENT STRESS DEBRIEFERS OF FLORIDA, INC.

48692



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3717 SOUTH CONWAY RD ORLANDO FL 32812-7607		Mailing Address 3717 SOUTH CONWAY RD ORLANDO FL 32812-7607	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2874812		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BRUNNER, BETH 3717 SOUTH CONWAY RD ORLANDO FL 32812		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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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.

SIGNATURE

Signatures, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW FEE IS \$81.25	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																																																																																																																																			
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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 Article 10 of the Florida Constitution.

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Natalie Duran 4-26-01 205 596-8568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR