FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 AM 9:07

DOCUMENT # N43779 (0)

1. Corporation Name

THE COUNSELING CLINIC, INC.

Principal Place of Business	Mailing Address
9075 SW 87 AVE 409 MIAMI FL 33156 US	9200 SW 146 ST 102 MIAMI FL 33176 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/15/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0274149 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WOLASKY, MARJORIE E
7103 S.W. 102 AVENUE
SUITE A
MIAMI FL 33173

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, VIVIAN R.	12 NAME	
STREET ADDRESS	9200 S.W. 146 ST	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, ANGEL R.	22 NAME	
STREET ADDRESS	9200 S.W. 146 ST	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	STD	31 TITLE	Mildred Lugo ☒ Change ☐ Addition
NAME	KOHN, SARA	32 NAME	9017 SW 62 Terr.
STREET ADDRESS	19255 NE 10 AVE., #303	33 STREET ADDRESS	Miami, Fl 33173 S
CITY-ST-ZIP	N MIAMI BEACH FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	Carmen Arvelo ☐ Change ☒ Addition
NAME		42 NAME	111 Majorca Ave., Ste. B
STREET ADDRESS		43 STREET ADDRESS	Coral Gables, Fl 33134 D
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	Bryan Newman ☐ Change ☒ Addition
NAME		52 NAME	3211 Ponce D'Leon Blvd
STREET ADDRESS		53 STREET ADDRESS	2nd 201
CITY-ST-ZIP		54 CITY-ST-ZIP	Coral Gables, Fl 33134 T/D
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: V. R. Gonzalez VIVIAN R. GONZALEZ 5/25/95 305/252-8033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0044401