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

APPROVED AND FILED
95 MAR 15 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N48802 (5)

1. Corporation Name
THE SCIENCE OF MIND CENTER OF VERO BEACH, INC.

Principal Place of Business	Mailing Address
2233 14TH AVE VERO BCH FL 32960 US	P. O. BOX 650862 VERO BEACH FL 32965 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/08/1992
3a. Date of Last Report: 01/31/1994
4. FEI Number: 65-0400077 ☐ 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

O'MALLEY ELINOR REV
2233 14TH AVE
SUITE 2162
VERO BCH FL 32960

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: Elinor O'Malley — 3/10/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DR	1.1 TITLE	DP ☒ Change ☐ Addition
NAME	MAHER, PEGGY	1.2 NAME	David CRAIG Heiman
STREET ADDRESS	1004 PENNSYLVANIA AVE	1.3 STREET ADDRESS	3010 PAR Drive
CITY-ST-ZIP	FT. PIERCE FL	1.4 CITY-ST-ZIP	VERO Beach, Fl. 32960
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	MAREVELLE, CLARENCE	2.2 NAME	
STREET ADDRESS	1314 FL AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	DS ☒ Change ☐ Addition
NAME	MORRISSEY, JEAN E.	3.2 NAME	David Smith
STREET ADDRESS	8775 20TH ST. BOX 145	3.3 STREET ADDRESS	3246 62 Ave.
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP	VERO Beach, Fl. 32966
TITLE	DT	4.1 TITLE	☐ Change ☐ Addition
NAME	KENNEDY, SHARON	4.2 NAME	
STREET ADDRESS	4811 BETHEL CREEK DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	O'MALLEY, ELINOR R	5.2 NAME	
STREET ADDRESS	11 VISTA GARDENS TRAIL #204	5.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	O'MALLEY, ELINOR REV	6.2 NAME	
STREET ADDRESS	11 VISTA GARDENS TRAIL	6.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	6.4 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: Sharon L. Kennedy — 3/10/95 — 407-234-5997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
* 407-562-0815

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