

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

3. Date Incorporated or Qualified

05/08/1992

3a. Date of Last Report

03/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0400077

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

Same

82

Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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 DP  
NAME HELMAN, DAVID C  
STREET ADDRESS 3010 PAR DRIVE  
CITY-ST-ZIP VERO BEACH FL ☒ DELETE

1.1 TITLE DP  
1.2 NAME HELMAN, SUSANA.  
1.3 STREET ADDRESS 3010 PAR DRIVE  
1.4 CITY-ST-ZIP VERO BEACH FL ☐ Change ☒ Addition

TITLE DS  
NAME SMITH, DAVID  
STREET ADDRESS 3246 62 AVE  
CITY-ST-ZIP VERO BEACH FL ☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DT  
NAME KENNEDY, SHARON  
STREET ADDRESS 4811 BETHEL CREEK DR  
CITY-ST-ZIP VERO BEACH FL ☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME O'MALLEY, ELINOR R  
STREET ADDRESS 11 VISTA GARDENS TRAIL #204  
CITY-ST-ZIP VERO BCH FL ☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME O'MALLEY, ELINOR REV  
STREET ADDRESS 11 VISTA GARDENS TRAIL  
CITY-ST-ZIP VERO BEACH FL ☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☒ Addition  
WINSOR, Richard J. Rev  
1901 INDIAN RIVER BLVD E-210  
VERO BEACH, FL

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-96

Date

407-562-0815

Daytime Phone

CR2E037 (12/95)