

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 24, 1999 8:00 am
Secretary of State

06-24-1999 90008 013 ****61.25

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DOCUMENT # N98000002484

1. Corporation Name

FLORIDA CHILD GUIDANCE CLINIC, INC.

Principal Place of Business

600 N. CONGRESS AVENUE
DELRAY BEACH FL 33445

Mailing Address

600 N. CONGRESS AVENUE
DELRAY BEACH FL 33445



2. Principal Place of Business

21 600 N. Congress Ave
Suite, Apt. #, etc.

22 Suite 550
City & State

23 Delray Beach FL

24 33445 25 Delray Beach

2a. Mailing Address

26 Same
Suite, Apt. #, etc.

27
City & State

28
Zip Country

29 33445 30 Delray Beach

3. Date Incorporated or Qualified

04/29/1998

4. FEI Number

65-0790455

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be

Added to Fees

9. Name and Address of Current Registered Agent

PETIT HOMME, YVES N
1570 SW 13TH DRIVE
BOCA RATON FL 33486

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 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

TITLE PD ☒ DELETE
NAME LECONTE, MICHELE
STREET ADDRESS 3061 VENICE WAY
CITY-ST-ZIP MIRAMAR FL 33025

TITLE VP ☐ DELETE
NAME JOSEPH, MARK
STREET ADDRESS 55 NW 94 STREET
CITY-ST-ZIP MIAMI FL 33150

TITLE TD ☐ DELETE
NAME ST. CLAIRE, AIMSLEY
STREET ADDRESS 776 RYANWOOD DRIVE
CITY-ST-ZIP WEST PALM BEACH FL

TITLE SD ☐ DELETE
NAME DESRAMEAUX, SERGE
STREET ADDRESS 209 NE 151 STREET
CITY-ST-ZIP N. MIAMI BEACH FL 33162

TITLE D ☐ DELETE
NAME FRANCOIS, FRANK
STREET ADDRESS 809 SW 8 AVENUE
CITY-ST-ZIP DELRAY BEACH FL 33444

TITLE D ☐ DELETE
NAME DERONCELE, JOE
STREET ADDRESS 644 NE 1 STREET
CITY-ST-ZIP BOYNTON BEACH FL 33435

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE YVES N. PETIT HOMME ☐ Change ☒ Addition
1.2 NAME President
1.3 STREET ADDRESS 1570 S.W. 13TH DRIVE
1.4 CITY-ST-ZIP BOCA RATON FL 33486

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/18/99

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