

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90011 013 ****61.25

04-25-1999 90011 014 *****8.75

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000006069

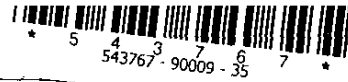
1. Corporation Name

MATLAND HEALTH COUNSELING SERVICE, INC.

Principal Place of Business

1173-B SPRING CENTRE S. BLVD.
ALTAMONTE SPRINGS FL 32714

Mailing Address

1173-B SPRING CENTRE S. BLVD
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26 8350 NW 52 ter. #103		10/20/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEL Number	
27		27 103		✓ 9-3352146	
City & State		City & State		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
23		28 Miami, FL		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29 33166		30 USA	

9. Name and Address of Current Registered Agent

MARKO, DAVID E
3001 S.W. THIRD AVENUE
MIAMI FL 33129

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	PTD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PEREIRA, ADOLFO III	1.2 NAME	
STREET ADDRESS	1173-B SPRING CENTRE S., BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	1.4 CITY-ST-ZIP	
TITLE	VSD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CAMILL, SUHARM	2.2 NAME	
STREET ADDRESS	1173-B SPRING CENTRE S., BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SALAZAR, NELSON	3.2 NAME	
STREET ADDRESS	1173-B SPRING CENTRE S., BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99 (407) 862-3366
 Date Daytime Phone #

CR2E037 (11/98)