

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000020503

1. Entity Name
PROFESSIONAL COUNSELING & DIAGNOSTIC INC.



FILED
Jul 19, 2006 08:00 AM
Secretary of State

Principal Place of Business
815 N HOMESTEAD BLVD
STE 427
HOMESTEAD, FL 33033

Mailing Address
815 N HOMESTEAD BLVD
STE 427
HOMESTEAD, FL 33033



07122006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1077876

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LOPINTO, JOSEPH
30370 OLD DIXIE HWY STE 182
HOMESTEAD, FL 33033

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

U00000571233
07/19/06-80009-003 158.75

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
LOPINTO, JOSEPH
30370 OLD DIXIE HWY STE 182
HOMESTEAD, FL 33033

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 119, Florida Statutes; and that my name appears in Block 10 or Block 11 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

Date

Daytime Phone #

SIGN

7-14-06