

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000031608

**FILED**  
**Aug 24, 2010**  
**Secretary of State**

**Entity Name:** SOUTHLAKE COUNSELING SERVICES, INC.

**Current Principal Place of Business:**

450 EAST HWY 50  
STE 6  
CLERMONT, FL 34711

**New Principal Place of Business:**

13318 COUNTRY CLUB DRIVE  
TAVARES, FL 32778

**Current Mailing Address:**

450 EAST HWY 50  
STE 6  
CLERMONT, FL 34711

**New Mailing Address:**

13318 COUNTRY CLUB DRIVE  
TAVARES, FL 32778

**FEI Number:** 59-3719114

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WOODARD, SHIRLEY DR  
13318 COUNTRY CLUB DR  
TAVARES, FL 32778 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: WOODARD, SHIRLEY  
Address: 13318 COUNTRY CLUB DRIVE  
City-St-Zip: TAVARES, FL 32778

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHIRLEY B. WOODARD

D

08/24/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date