2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000037867

1. Entity Name
FREEMAN CLINICAL COUNSELING CENTER, P.A.



FILED Feb 01, 2005 8:00 am Secretary of State 02-01-2005 90022 050 ***150.00



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STE 208 Destin, Fl. :	32541			STE 208 DESTIN, FL 32541								
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01032005	Chg-P	CR2E	034 (10/03)	ł
City & State				City & State			4. FEI Number 59-3713	597			pplied For	
Zip		Country		Zip	Cour	ntry		5. Certificate o			\$8.75 Ad	lditional
	6. Nai	ne and Address of	Current Rec	istered Agent		<u> </u>		7. Name and A	ddress of New f	Registered		80
	-					Name -			-		<u> </u>	
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4507 FURLING LANE STE 208 DESTIN, FL 32541				Street Add			Acceptable)					
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. The above	named er	ntity submits this star	tement for the	e purpose of changing	its register	ed office or r	enieter	ed agent or both	in the State of El	2		and accept
		pistered agent.	rement for the	2 parpose of changing	its register	ed office of fi	egiaiei	ed agent, or both	, in the State of Fi	onda. Tam	HEITHINGS WILLIA	, and accept
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SIGNATURE		ped or printed name of regis	nered agent and to	tie fappicable. (N	IOTE: Registers	ed Agent signsture	required	when reinstating)		DATE		
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		II FEE IS \$150 05 Fee will be		9. Election Cam Trust Fund Ce				00 May Be ed to Fees				
10.		OFFICE	RS AND DIR	ECTORS	. 11.			ADDITIONS/C	HANGES TO OF	FICERS AN	D DIRECTOR	RS IN 11
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indicated	certify that on this re	trie intormation sup port or supplementa	pued with this I report is tru	s filing does not qualify e and accurate and the	or the exe at my signa	emption states ture shall hav	a in Se ve the s	ction 119.07(3)(i). same legal effect	. Florida Statutes. as if made under	I further ce oath; that I	ertify that the am an office	Information r or director
of the cor	poration c	r the receiver or trus	itee empowe	red to execute this rep- all other like empower	ort as réqu	ired by Chap	ter 607	', Florida Statutes	and that my nam	ne appears	in Block 10 d	or Block 11 if
			7 2	7					1/10	- [,		
SIGNAT	URE:		$\mathcal{I}/\!\!/$						1/15	103	>	
		SIGNATURE AND	PTPED OF PRINT	TED NAME OF SIGNING OFFIC	ER OR DIREC	TOR			/ait		Daytime Phone #	