2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90335 035 ***150.00

DOCUMENT # P02000013563

1. Entity Name
MARGO BURCHIM, M.A., LMHC, P.A.

Principal Place of Business	Mailing Address
5921 BENEVA ROAD SARASOTA, FL 34238	5921 BENEVA ROAD SARASOTA, FL 34238

04262004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2477 STICKNEY POINT RD	2477 STICKNEY POINT ROAD
Suite, Apt. #, etc.: Suite 115 B	Suite, Apt. #, etc.: SUITE 115 B
City & State: SARASOTA FL	City & State: Sarasota Fl.
Zip: 34231 Country:	Zip: 34231 Country:

4. FEI Number: 04-3625442 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BRADFORD, GABRIEL
5921 BENEVA ROAD
SARASOTA, FL 34238

7. Name and Address of New Registered Agent

Name: BRADFORD GABRIEL
Street Address (P.O. Box Number is Not Acceptable): 2477 STICKNEY POINT Rd
115 B
City: Sarasota **FL** Zip Code: 34231

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPTS MARGARET-BURCHIM, MARY 5921 BENEVA RD SARASOTA, FL 34238 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPTS MARGARET-Burchim, MARY 2477 STICKNEY POINT Rd, SUITE 115 B SARASOTA, FL 34231 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 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 607, 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: Mary Margaret Burchim 4/26/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #