

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90186 046 ***150.00

DOCUMENT # P03000151197

1. Entity Name
A PSYCHOLOGICAL COUNSELING CENTER INC.



Principal Place of Business
**2001 PALM BEACH LAKES BLVD
W PALM BEACH, FL 33409**

Mailing Address
**2001 PALM BEACH LAKES BLVD
W PALM BEACH, FL 33409**

50023805



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02092005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
58-2682541

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLUM, LISA
174 ESPERANZA WAY
PALM BEACH GARDENS, FL 33418**

Name **Mitchell BLUM**
Street Address (P.O. Box Number is Not Acceptable) **174 ESPERANZA WAY**
City **Palm Beach Gardens, FL** Zip **33418**

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]

2-28-05

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

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 **P** ☐ Delete
NAME **BLUM, LISA**
STREET ADDRESS **174 ESPERANZA WAY**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE **V.P.** ☐ Change ☒ Addition
NAME **Mitchell BLUM**
STREET ADDRESS **174 ESPERANZA WAY**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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, and all other like empowered.

SIGNATURE:

[Signature] **Mitchell Blum** **2/28/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] **LISA BLUM** **5-61-601**