

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000010964

FILED  
Apr 30, 2006  
Secretary of State

**Entity Name:** FLORIDA COUNSELING CENTERS OF ORLANDO, INC.

**Current Principal Place of Business:**

2813 SOUTH HIAWASSEE RD STE A  
ORLANDO, FL 32835

**New Principal Place of Business:**

1299 BEDFORD DRIVE  
STE A  
MELBOURNE, FL 32940

**Current Mailing Address:**

2813 SOUTH HIAWASSEE RD STE A  
ORLANDO, FL 32835

**New Mailing Address:**

1299 BEDFORD DRIVE  
STE A  
MELBOURNE, FL 32940

**FEI Number:** 73-1728950

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RONNISVALLE, R. MICHAEL DR  
1299 BEDFORD DR STE A  
MELBOURNE, FL 32940 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: RONSISVALLE, R. MICHAEL DR  
Address: 2813 SOUTH HIAWASSEE RD STE A  
City-St-Zip: ORLANDO, FL 32835

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DR (X) Change ( ) Addition  
Name: RONSISVALLE, R. MICHAEL DR  
Address: 1299 BEDFORD DRIVE STE A  
City-St-Zip: MELBOURNE, FL 32940

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: R. MICHAEL RONSISVALLE

DR

04/30/2006

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

\_\_\_\_\_  
Date