

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000093762

FILED  
Apr 30, 2011  
Secretary of State

**Entity Name:** NORTHEAST COUNSELING, P.A.

**Current Principal Place of Business:**

1519 DR. M.L. KING JR. ST. NORTH  
SUITE B  
ST. PETERSBURG, FL 33704

**New Principal Place of Business:**

735 ARLINGTON AVENUE NORTH  
SUITE 304  
ST. PETERSBURG, FL 33701

**Current Mailing Address:**

1519 DR. M.L. KING JR. ST. NORTH  
SUITE B  
ST. PETERSBURG, FL 33704

**New Mailing Address:**

735 ARLINGTON AVENUE NORTH  
SUITE 304  
ST. PETERSBURG, FL 33701

**FEI Number:** 20-5213498

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TINKER, MARK  
501 1ST AVENUE NORTH  
SUITE 900  
SAINT PETERSBURG, FL 33701 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: PTS  
Name: RHODES, JUSTINE R  
Address: 735 ARLINGTON AVENUE NORTH, SUITE 304  
City-St-Zip: ST. PETERSBURG, FL 33701

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: JUSTINE R. RHODES

PTS

04/30/2011

Electronic Signature of Signing Officer or Director

Date