

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000001588

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** RESILIENCE COUNSELING CENTER, INC.

**Current Principal Place of Business:**

1759 W. BROADWAY AVE, SUITE 3  
OVIEDO, FL 32765 US

**New Principal Place of Business:**

**Current Mailing Address:**

1759 W. BROADWAY AVE, SUITE 3  
OVIEDO, FL 32765 US

**New Mailing Address:**

**FEI Number:** 26-1677892

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAW OFFICE OF PHILIP S. KAPROW, P.A.  
1318 TOWN PLAZA COURT  
WINTER SPRINGS, FL 32708 US

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

VOSE LAW FIRM LLP  
324 W. MORSE BLVD.  
WINTER PARK, FL 32789 US

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: PHILIP S. KAPROW, ESQ.

04/29/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: PETERS, KAREN A  
Address: 1759 W. BROADWAY AVE, SUITE 3  
City-St-Zip: OVIEDO, FL 32765 US

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: KAREN A. PETERS

PSTD

04/29/2011

Electronic Signature of Signing Officer or Director

Date