

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000049011

**FILED**  
**Mar 22, 2012**  
**Secretary of State**

**Entity Name:** C2E, COACHING, COUNSELING & EAP, PA

**Current Principal Place of Business:**

8270 WOODLAND CENTER BLVD.  
TAMPA, FL 33614

**New Principal Place of Business:**

4511 NORTH HIMES AVENUE  
SUITE 200  
TAMPA, FL 33614

**Current Mailing Address:**

8270 WOODLAND CENTER BLVD.  
TAMPA, FL 33614

**New Mailing Address:**

4511 NORTH HIMES AVENUE  
SUITE 200  
TAMPA, FL 33614

**FEI Number:** 27-0323002

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DE LA ESPRIELLA, PILAR  
5746 HARBORSIDE DRIVE  
TAMPA, FL 33615 US

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

DE LA ESPRIELLA, PILAR  
6901 NORTH GUNLOCK AVENUE  
TAMPA, FL 33614 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: PILAR DE LA ESPRIELLA

03/22/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DE LA ESPRIELLA, PILAR  
Address: 6901 NORTH GUNLOCK AVENUE  
City-St-Zip: TAMPA, FL 33614

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: PILAR DE LA ESPRIELLA

CEO

03/22/2012

Electronic Signature of Signing Officer or Director

Date