

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000014719

Entity Name: JULIA M. NICKLE LMHC, INC.

FILED  
Jan 20, 2012  
Secretary of State

**Current Principal Place of Business:**

124 E. MIRACLE STRIP PARKWAY  
SUITE 204  
MARY ESTHER, FL 32569

**New Principal Place of Business:**

**Current Mailing Address:**

124 E. MIRACLE STRIP PARKWAY  
SUITE 204  
MARY ESTHER, FL 32569

**New Mailing Address:**

PO BOX 1560  
SANTA ROSA BEACH, FL 32459

FEI Number: 27-4916674

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

NICKLE, JULIA M  
124 E. MIRACLE STRIP PARKWAY  
SUITE 204  
MARY ESTHER, FL 32569 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: P  
Name: NICKLE, JULIA M  
Address: 124 E. MIRACLE STRIP PARKWAY, SUITE 204  
City-St-Zip: MARY ESTHER, FL 32569

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: JULIA M NICKLE

P

01/20/2012

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

\_\_\_\_\_  
Date