

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000030013

**FILED**  
**Mar 01, 2012**  
**Secretary of State**

**Entity Name:** AHA! COUNSELING AND BEHAVIORIAL SERVICES,INC.

**Current Principal Place of Business:**

256 BOUGAINVILLEA STREET  
TAVERNIER, FL 33070

**New Principal Place of Business:**

180 JASMINE ST  
TAVERNIER, FL 33070

**Current Mailing Address:**

P.O. BOX 1547  
TAVERNIER, FL 33070

**New Mailing Address:**

**FEI Number:** 27-5523216

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KEMMER, ANGELA  
256 BOUGAINVILLEA STREET  
TAVERNIER, FL 33070 US

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

KEMMER, ANGELA  
180 JASMINE STREET  
TAVERNIER, FL 33070 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

03/01/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: KEMMER, ANGELA  
Address: 180 JASMINE STREET  
City-St-Zip: TAVERNIER, FL 33070

Title: D  
Name: KEMMER, BENJAMIN  
Address: 180 JASMINE STREET  
City-St-Zip: TAVERNIER, FL 33070

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: ANGELA F KEMMER

DIR

03/01/2012

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

\_\_\_\_\_  
Date