

P/6000093640

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400291934774

11/07/16--01018--015 \*\*70.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATE  
2016 NOV 28 PM 2:15

W/16-078460

11/29/16



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 10, 2016

ROBERT LANDY  
808 ANCHOR RODE DR.  
NAPLES, FL 34103

SUBJECT: CENTER FOR COUNSELING & DIAGNOSTICS, INC.  
Ref. Number: W16000076460

RECEIVED  
16 NOV 28 PM 3:50  
OFFICE OF THE CLERK  
DIVISION OF CORPORATIONS

We have received your document for CENTER FOR COUNSELING & DIAGNOSTICS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is P15000057826.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 516A00024232

# CENTER FOR COUNSELING & DIAGNOSTICS INC

Robert J Landy PhD, NCC, LMHC  
808 Anchor Rode Drive  
Naples, Florida 34103  
239-263-3312 /fax 239-263-3752

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
NOV 28 PM 2:15

November 22, 2016

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Reference Number: W16000076460  
Letter Number: 516A00024232

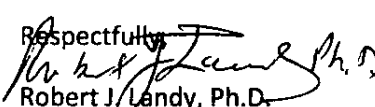
To Whom It May Concern:

Please accept this letter as clarification of my application for corporate status. I am the same person who is and has been solely associated with the Florida Corporation, Center For Counseling & Diagnostics, Inc. It is not my intent to reactivate this corporation, but rather to continue with a new corporation with the same name. When I sought clarification of this point, I thought I understood that I could do this. I have had the Corporate name since 1986 and desire to keep it.

Please let me know if you need any additional information.

Thank you for your attention to this matter.

Respectfully,

  
Robert J. Landy, Ph.D.  
Psychotherapist

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: CENTER FOR COUNSELING & DIAGNOSTICS, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: ROBERT J. LANDY  
Name (Printed or typed)

808 ANCHOR RODE DRIVE  
Address

NAPLES, FLORIDA 34103  
City, State & Zip

239-263-3312  
Daytime Telephone number

OKDOC72AOL.COM  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: CENTER FOR COUNSELING & DIAGNOSTICS, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

808 ANCHOR RODE DRIVE

NAPLES, FLORIDA 34103

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO PROVIDE COUNSELING SERVICES TO INDIVIDUALS  
AND COUPLES.

**ARTICLE IV SHARES**

The number of shares of stock is: 7500.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ROBERT J. LANDY, PRESIDENT

Name and Title: ROBERT J. LANDY, SECRETARY

Address 808 ANCHOR RODE DRIVE  
NAPLES, FLORIDA 34103

Address: 808 ANCHOR RODE DRIVE  
NAPLES, FLORIDA 34103

Name and Title: ROBERT J. LANDY, TREASURER

Name and Title: \_\_\_\_\_

Address 808 ANCHOR RODE DRIVE  
NAPLES, FLORIDA

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATE AFFAIRS  
2018 NOV 28 PM 2:15

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Robert J. Landy / ROBERT J. LANDY

Address: 808 ANCHOR RODE DRIVE  
NAPLES, FLORIDA 34103

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2016 NOV 28 PM 2:15

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Robert J. Landy / ROBERT J. LANDY

Address: 808 ANCHOR RODE DRIVE  
NAPLES, FLORIDA 34103

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 11/1/2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

Robert J. Landy  
Required Signature/Registered Agent

11/1/2016  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

Robert J. Landy  
Required Signature/Incorporator

11/1/2016  
Date