FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -3 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000003881 (8)

1. Corporation Name
ALTAMONTE CENTER FOR COUNSELING SERVICES, INC.

Principal Place of Business	Mailing Address
370 WHOOPING LOOP SUITE 1196 ALTAMONTE SPRINGS FL 32701	370 WHOOPING LOOP SUITE 1196 ALTAMONTE SPRINGS FL 32701

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/11/1993
3a. Date of Last Report: 01/21/1994

2. Principal Place of Business	2a. Mailing Address
21 106 Boston Ave	26 106 Boston Ave
22 Suite, Apt. #, etc. Ste 102	27 Suite, Apt. #, etc. Ste 102
23 City & State Altamonte Sprgs, FL	28 City & State Altamonte Sprgs FL
24 Zip 32701 25 Country USA	29 Zip 32701 30 Country USA

4. FEI Number: APPLIED FOR 59-3165961 ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BROWN, CAROL
370 WHOOPINGLOOP
SUITE 1196
ALTAMONTE SPGS. FL 32701

10. Name and Address of New Registered Agent

91 Name: J Michael Malone, Esquire
92 Street Address (P.O. Box Number is Not Acceptable): 525 West Colonial Drive
93
94 City: Orlando FL 95 Zip Code: 32804

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] J. Michael Malone 2/13/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when manually signing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVST	11 TITLE	PVST	☒ Change ☐ Addition
NAME	BROWN, CAROL A	12 NAME	McDaniel, Ann C.	
STREET ADDRESS	370 WHOOPING LOOP SUITE 1196	13 STREET ADDRESS	106 Boston Ave Ste 102	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	14 CITY-ST-ZIP	Altamonte Sprgs, Fl 32701	
TITLE	D	21 TITLE	D	☐ Change ☒ Addition
NAME	BROWN, CAROL A	22 NAME	McDaniel, Ann C.	
STREET ADDRESS	370 WHOOPING LOOP SUITE 1196	23 STREET ADDRESS	106 Boston Ave Ste 102	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	24 CITY-ST-ZIP	Altamonte Sprgs, FL 32701	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address.

SIGNATURE: Ann C. McDaniel 2/17/95 407-834-3279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0035032 CP