

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra D. Montan
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

5 MAY -1 PM 11:49

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P93000022594 (4)

1. Corporation Name

**COUNSELING AND PSYCHOTHERAPY CENTERS OF FLORIDA
INC.**

Principal Place of Business

**770 W. GRENADA BOULEVARD
SUITE 200
ORMOND BEACH FL 32174
US**

Mailing Address

**POST OFFICE BOX 354147
~~SUITE 100~~
PALM COAST FL 32135
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/25/1993

3a. Date of Last Report

07/11/1994

4. FEI Number

65-0389609

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

SUITE 112

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

PALM COAST FL 32135

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**ROSENFELD, SALLY
15 CHADWICK COURT
PALM COAST FL 32137**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

10. Name and Address of New Registered Agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROSENFELD, SALLY
STREET ADDRESS	3275 N.E. 15 COURT
CITY - ST - ZIP	FORT LAUDERDALE FL 33304
TITLE	SECRETARY
NAME	GARY ROSENFELD
STREET ADDRESS	15 CHADWICK CT.
CITY - ST - ZIP	PALM COAST, FL 32137
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	15 CHADWICK CT.
1.4 CITY - ST - ZIP	PALM COAST, FL 32137
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sally Rosenfeld Sally Rosenfeld Pres.

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

4-26-95

904 446-3858