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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 24 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000022594 (4)

COUNSELING AND PSYCHOTHERAPY CENTERS OF FLORIDA, INC.

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Enncipal Place of Business Mailing Address 770 W. GRENADA BOULEVARD POST OFFICE BOX 354147 SUITE 112 SUITE 109 ORMOND BEACH FL 32174 PALM COAST FL 32135-4147 US 3. Date Incorporated or Qualified 3a. Date of Last Report 03/25/1993 05/01/1996 2a. Mailing Address 4. FEI Number Applied For Suite, Apt. 1, etc. 65-0389609 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ROSENFELD, SALLY 15 CHADWICK COURT 82 PALM COAST FL 32137 63 84 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 is an familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (96/6)DELETE Change Addition 7016 1.1 TITLE ROSENFELD, SALLY 1.2 NAME 15 CHADWICK CT. 1.3 STREET ADDRESS STREET ADDRESS PALM COAST FL 1.4 CITY - ST - ZIP **L**OELETE ☐ Change TIME 2.1 TITLE Addition ROSENFELD, GARY NAM : 2.2 NAME 15 CHADWICK CT. STREET ADDRESS 2.3 STREET ADDRESS PALM COAST FL C/1Y - \$1 - 2/P 2. 4 CITY-ST-ZIP DELETE TiT1 F 3.1 TITLE Change Addition NW: 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST- ZIP CHY-SU-ZIP DELETE Change Addition 1011 4.1 TITLE NAMÉ 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHY-S1-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Addition THE NAM6 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS C-TY-S1-749 54 CITY-ST-ZIP DELETE ___ Addition TOLE 6.1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS r 17 - \$1 - 202 64 CITY-ST-ZIP 14. To hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information inclicated 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 12 or Block 13 if changed, or on an attachment with an address.