

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000022594

FILED
Mar 25, 2004
Secretary of State

Entity Name: COUNSELING AND PSYCHOTHERAPY CENTERS OF FLORIDA, INC.

Current Principal Place of Business:

1532 US 41 NORTH
SUITE H
LUTZ, FL 33549 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2548
LUTZ, FL 33548 US

New Mailing Address:

FEI Number: 65-0389609

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSENFELD, SALLY
6122 REGINA PLACE
LUTZ, FL 33549 US

Name and Address of New Registered Agent:

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

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDS () Delete
Name: ROSENFELD, SALLY
Address: 6122 REGINA PLACE
City-St-Zip: LAND O LAKES, FL 34639

Title: VP () Delete
Name: ROSENFELD, GARY
Address: 6122 REGINA PLACE
City-St-Zip: LAND O LAKES, FL 34639

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SALLY ROSENFELD

DIR

03/25/2004

Electronic Signature of Signing Officer or Director

Date