FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000040641 (1)**

1. Corporation Name

STEPHANIE D. KUHLING, LMHC, P.A.

Principal Place of Business	Mailing Address
1800 THE GREENS WAY #301 JACKSONVILLE BCH FL 32250	1800 THE GREENS WAY #301 JACKSONVILLE BCH FL 32250

3. Date Incorporated or Qualified: **06/03/1993**

3a. Date of Last Report: **04/17/1995**

4. FEI Number: **59-3188089** ☐ 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

21 432 OSCEOLA AVE, S.
22 Suite, Apt. #, etc.
23 City & State: JACKSONVILLE BEACH, FL.
24 Zip: 32250
25 County: DUVAL

2a. Mailing Address

26 1800 THE GREENS WAY
27 Suite, Apt. #, etc.: #301
28 City & State: JACKSONVILLE BEACH, FL
29 Zip: 32250
30 County: DUVAL

9. Name and Address of Current Registered Agent

KUHLING, STEPHANIE D LMHC
3899 ARDEN ST
JACKSONVILLE FL 32205

10. Name and Address of New Registered Agent

81 Name: KUHLING, STEPHANIE D.
82 Street Address (P.O. Box Number is Not Acceptable): 1800 THE GREENS WAY
83 JACKSONVILLE BEACH
84 City, FL 85 Zip Code: 32250

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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: Stephanie D. Kuhling — April 9, 1996
(Registered Agent's Signature) (Date)

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	KUHLING, STEPHANIE D	
STREET ADDRESS	3899 ARDEN ST	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D P	☒ Change ☐ Addition
12 NAME	KUHLING, STEPHANIE D.	
13 STREET ADDRESS	1800 THE GREENS WAY #301	
14 CITY-ST-ZIP	JACKSONVILLE BEACH, FL. 32250	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is true, complete and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 added above.

SIGNATURE: Stephanie D. Kuhling, President — April 9, 1996 — 904-247-5756
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone Number)