

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000061204 (2)

1. Corporation Name

PSYCHOTHERAPY & COUNSELING SERVICES, P.A.



Principal Place of Business

Mailing Address

1067 IDYLVILD DR. N.W.  
~~SUITE 102~~  
WINTER HAVEN FL 33881  
US

1067 IDYLVILD DR. N.W.  
~~SUITE 102~~  
WINTER HAVEN FL 33881  
US

3. Date Incorporated or Qualified  
08/27/1993

3a. Date of Last Report  
04/21/1995

2. Principal Place of Business

2a. Mailing Address

21 1067 Idylwild Dr NW

26 1067 Idylwild Dr NW

Suite, Apt #, etc.

Suite, Apt #, etc.

22 N/A

27 N/A

City & State

City & State

23 Winter Haven, Fl.

28 Winter Haven, Fl.

Zip

Country

Zip

Country

24 33881

25 Polk

29 33881

30 Polk

9. Name and Address of Current Registered Agent

BELL, WALTER G  
98 FIRST STREET NORTH  
WINTER HAVEN FL 33881

4. FEI Number  
59-3204129

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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, typed and printed name of officer, agent and the applicable

(NOTE: Registered Agent Signature required when registration)

Date

12. OFFICERS AND DIRECTORS

TITLE SD  
NAME SMITH, PEGGY A  
STREET ADDRESS 1470 LUCERNE LOOP ROAD  
CITY-ST-ZIP WINTER HAVEN FL 33881

☐ DELETE

TITLE PD  
NAME RAYNOVIC, KATHLEEN M  
STREET ADDRESS 1067 IDYLVILD DRIVE NE  
CITY-ST-ZIP WINTER HAVEN FL 33881

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

☐ Change ☐ Addition

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

President  
Raynovic, Kathleen M.  
1067 Idylwild Dr. N.W.  
Winter Haven, Fl. 33881

☒ Change ☐ Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

☐ Change ☐ Addition

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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Kathleen M. Raynovic President  
Kathleen M. Raynovic

8/4/96

1-941-967-0255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (3/96)