FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400077975

1. Corporation Name

GULF COAST PROFESSIONAL COUNSELING CENTER, INC.

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90116 019 ***150.00



Dringing Bloom	a of Business	Mailing Address		1 10611861 (10 50) if grots Born agen agent agent	18021 1001 0 10111 10		
Principal Place		·				•	
5532 SILVER SI		5532 SILVER SPURS DRIVE					
HOLIDAY FL 34	юзи	HOLIDAY FL 34690		DO NOT WRITE IN THIS	SPACE		
				3. Date Incorporated or Qualifed	•		
}				10/18/1994			1
2. Principal Pl	lace-of Business no	2a. Mailing Address 0		4. FEI Number	Appi	ied For	
- A.115	BEACH DRIVE	26 QNE DEACH	DRIVE	59-3272905		Applicable	. 1
Suite Apt.		Suite Apt. #, etc.	<u> VFIVU</u>		\$8.75 Ac		
	72,7	27 /3/2		5. Certifcate of Status Desired	Fee Req	ı	
22				6. Election Campaign Financing	\$5.00 N		
TO DEVELOP TO THE CONTRACTOR OF THE PROPERTY O			Ra H.	Trust Fund Contribution	Added to		
			Country	This corporation owes the current year Int	· · · · · · · · · · · · · · · · · · ·		i
一 ダスフ	7a, 🖂 ´	一一つとつかん	Soundy	Personal Property Tax.]No	
24 27 /	0 Name and Address of Current	29 00 /0/ 30 Pagistered Agent		10. Name and Address of New Registered			
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81. Name 7. Valid ()							
FLYNN, MICHAEL D				HLYNN MICHAEL	<i>D.</i>		
5532 SILVER SPURS DRIVE			82 Street Ad	dress (P.O. Box Number is Not Acceptable)			
				7			
HOLIDAY FL 34690			83 ONE	KEACH DRIVE S.E. SU	NE#13	12	
ļ			84 City	- 17	85 Zip Co		,
				T PETERSBURGFL	. 33	101	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, th	e above-named co	rporation submits this statement for the purpose of	changing its n	egistered	
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was author ons of, Section 607,0505, Florida S	ized by the corpora Statutes.	tion's board of directors. I hereby accept the appoint	mment as regi	Siereu	
[in tanimal way and accept are early an						ı
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Regist	ered Agent signature requ	ired when reinstating) DATE			- -
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIBECTOR	S IN 12	11/08)
TITLE	D	☐ DELETE 1	.1 TITLE		☑ Change	☐ Addition	Ξ
NAME	FLYNN, MICHAEL D	1	.2 NAME	PLYNN MICHAEL D'SE.	9.00	1217	. 4
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CITY-ST-ZIP	HOLIDAY FL 34690	1	4 CITY-ST-ZIP	ST PEPER BURG TL	337 <i>c</i>)	្ត
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NAME	1		i.3 STREET ADDRESS				ı
STREET ADDRESS	· ·						l
City-ST-ZIP	3	■ t	3.4 CITY-ST-ZIP				

14. I 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or organ attachment with an address, with all other like empowered.

SIGNATURE: