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Mar 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000093849 (5)

1. Corporation Name

WINTER PARK PSYCHOTHERAPY GROUP, P.A.

Principal Place of Business

919 ORANGE AVE.  
SUITE 200  
WINTER PARK FL 32789

Mailing Address

919 ORANGE AVE.  
SUITE 200  
WINTER PARK FL 32789-4796



2. Principal Place of Business

21 Winter Park Psychotherapy Group

2a. Mailing Address

27 919 Orange Ave.

Suite, Apt. #, etc.

22 Suite 200

Suite, Apt. #, etc.

27 W

City & State

23 Winter Park, FL

City & State

Zip

24 32789

Country

25 Orange

Zip

29

Country

30

9. Name and Address of Current Registered Agent

BROOKS, KIMBERLY M  
919 ORANGE AVE.  
SUITE 200  
WINTER PARK FL 32789

3. Date Incorporated or Qualified

12/29/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3286481

account

10 #

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

Raymond M. Thornton, Jr

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

919 Orange Ave

83 Suite 200

84 City

Winter Park

FL

85 Zip Code

32781

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]*

(NOTE: Registered Agent signature required when reinstating)

2/26/97

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

V  
NAME BROOKS, KIMBERLY M  
STREET ADDRESS 919 ORANGE AVE., STE. 200  
CITY-ST-ZIP WINTER PARK FL

TITLE ☐ DELETE

P  
NAME THORNTON, RAYMOND M JR.  
STREET ADDRESS 919 ORANGE AVE., STE. 200  
CITY-ST-ZIP WINTER PARK FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
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

☐ Change ☐ Addition

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

V

Joel Laven son

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

919 Orange Ave, Ste. 200  
Winter Park, FL 32789

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

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

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

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

14. I do 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 included 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.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/97

4077406305  
Date Daytime Phone #

CR2E034 (9/96)