SECOND NOT[illegible] AT [illegible] LBEL JL [illegible] AL 351 7,1
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINS

PROFIT CORPORATION ANNUAL REPORT

~~1996~~ 1997

FLORIDA DEPARTMENT OF
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORAT

FILED
May 06 1997 8:00am
Secretary of State

DOCUMENT # P95000002947 (6)

1. Corporation Name

ERNEST D. COOLEY LCSW P.A.

[redacted]

Principal Place of Business
307 SW 13TH AVENUE
BOYNTON BEACH FL 33435

Mailing Address
307 SW 13TH AVENUE
BOYNTON BEACH FL 33435

3. Date Incorporated or Qualified: 01/09/1995

3a. Date o

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number: 65-0543216

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired ☐

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐

Zip 24 | Country 25 | Zip 29 | Country 30

8. This corporation has liability for intangible tax Florida Statutes ☐ Yes ☒ N

9. Name and Address of Current Registered Agent

COOLEY, ERNEST D
307 SW 13TH AVENUE
BOYNTON BEACH FL 33435

10. Name and Address of New Registered Ager

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL

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 chan 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 appointm agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PSTD	☐ DELETE
NAME	COOLEY, ERNEST D	
STREET ADDRESS	307 SW 13TH AVENUE	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
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		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIF

1.1 TITLE	☐
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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***165.00

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). Fl 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 san 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. F that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Ernest D Cooley LCSW

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Ernest D Cooley LCSW Date Daytime