

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

FILED
May 18 1998 8:00am
Secretary of State

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P95000006074 (5)

1. Corporation Name

ADULT & CHILD COUNSELING CENTER, P.A.



| | |
|---|---|
| Principal Place of Business 3300 S.W. 34TH AVE., SUITE 124-D OCALA FL 34474 | Mailing Address 3300 S.W. 34TH AVE., SUITE 124-D OCALA FL 34474 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|-----|---------------------|---------|---|---------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 01/20/1995 | |
| 21 | | 26 | | 4. FEI Number 59-3295754 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | Applied For Not Applicable | |
| 22 | | 27 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| City & State | | City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 23 | | 28 | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 24 | Zip | 25 | Country | 29 | Zip |
| | | | | 30 | Country |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MELOCCHI, JOSEPH

2141 NE 45 AVENUE

OCALA FL 34474

| | | |
|----|--|------------------------|
| 81 | Name | Joseph Melocchi |
| 82 | Street Address (P.O. Box Number is not acceptable) | 3300 SW 34th Ave #124D |
| 83 | | |
| 84 | City | Ocala |
| 85 | FL | Zip Code 34474 |

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 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| | | | |
|----------------------------|------------------------|---|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | D | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOHNSON, DIANE G | 1.2 NAME | |
| STREET ADDRESS | 3300 SW 34TH AVE #124D | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | OCALA FL | 1.4 CITY-ST-ZIP | |
| TITLE | D | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MELOCCHI, JOSEPH F | 2.2 NAME | Joseph Melocchi |
| STREET ADDRESS | 2141 NE 45TH AVENUE | 2.3 STREET ADDRESS | 3300 SW 34th Ave #124D |
| CITY-ST-ZIP | OCALA FL | 2.4 CITY-ST-ZIP | Ocala FL 34474 |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 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 on an attachment with an address.

SIGNATURE

Joseph Melocchi

11/2/98 3:23 873 3766

CR2E034 (10/97)