FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P95000033608 (7)

1. Corporation Name

WELLSPRING COUNSELING, P.A.

Principal Place of Business

304 S ALBANY AVE
SUITE 3
TAMPA FL 33606

Mailing Address

~~304 S ALBANY AVE~~ 206 S. BEVERLY AVENUE
~~SUITE 3~~
TAMPA FL ~~33606~~ 33609

2. Principal Place of Business
21 206 S. BEVERLY AVE.
22 Suite, Apt. #, etc. TAMPA, FL.
23 City & State 33609
24 Zip
25 Country USA

2a. Mailing Address
26 206 S. BEVERLY AVE. TAMPA, FL 33609
27 Suite, Apt. #, etc.
28 City & State TAMPA, FL.
29 Zip 33609
30 Country USA

3. Date Incorporated or Qualified: 05/01/1995

3a. Date of Last Report: N/A

4. FEI Number: 59-3312007 ☐ 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

9. Name and Address of Current Registered Agent

FILINGS, INC.
3732 NW 16 ST
FT LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name: CAROL P. WELLS
82 Street Address (P.O. Box Number is Not Acceptable): 206 S. BEVERLY AVE.
83
84 City: TAMPA, FL 85 Zip Code: 33609

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: Carol Paris Wells — CPWells
Signature, typed or printed name of registered agent and title if applicable
NOTE: Registered Agent signature required when reinstating

DATE: 4-28-96

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	WELLS, CAROL P	
STREET ADDRESS	206 S BEVERLY AVE	
CITY-ST-ZIP	TAMPA FL 33609	
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		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
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		

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

SIGNATURE: Carol Paris Wells
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CAROL PARIS WELLS

Date: 4-28-96 Daytime Phone #: (813) 875-9309

CR2E034 (12/95)

0300136 CP