

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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90101 023 ***150.00

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1. Corporation Name

PAMELA A. BAKER, M.S., L.M.H.C., R.C.E., AND ASSOCIATES INC.

Principal Place of Business

2100 SUNRISE BLVD.
D
FT. PIERCE FL 34950
US

Mailing Address

2100 SUNRISE BLVD.
D
FT. PIERCE FL 34950
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/28/1995

4. FEI Number

65-0648307

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 117 South Second ST.

Suite, Apt. #, etc.

22 204

City & State

23 FT PIERCE FL

Zip Country
24 34950 25 USA

2a. Mailing Address

26 117 South Second ST.

Suite, Apt. #, etc.

27 204

City & State

28 FT. PIERCE FL.

Zip Country
29 34950 30 USA

9. Name and Address of Current Registered Agent

BAKER, PAMELA A
2100 SUNRISE BLVD.
STE. D
FT PIERCE FL 34950

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Pamela A. Baker

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME BAKER, PAMELA A
STREET ADDRESS 2100 SUNRISE BLVD., STE. D
CITY-ST-ZIP FT. PIERCE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 P
1.2 NAME BAKER Pamela A.
1.3 STREET ADDRESS 117 S. Second ST Suite 204
1.4 CITY-ST-ZIP FT Pierce FL 34950

2.1 TITLE D
2.2 NAME JUDITH A. NELSON
2.3 STREET ADDRESS 117 SOUTH SECOND ST Suite 204
2.4 CITY-ST-ZIP FT PIERCE FL. 34950

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

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, with all other like empowered.

SIGNATURE:

Pamela A. Baker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/99

CR2E034 (1/98)