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Jan 14 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 # P95000076479 (1)

1. Corporation Name

PROFESSIONAL CLINICAL EDUCATORS, INC.



Principal Place of Business

200 AVENUE K SOUTHEAST, UNIT 168  
WINTER HAVEN FL 33880

Mailing Address

200 AVENUE K SOUTHEAST, UNIT 168  
WINTER HAVEN FL 33880-4040

3. Date Incorporated or Qualified  
10/05/1995

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 140 LAKE REGION BLVD. N

Suite, Apt. #, etc.

22

City & State

23 WINTER HAVEN FL

Zip

24 33880

Country

25 USA

2a. Mailing Address

26 140 LAKE REGION BLVD. N

Suite, Apt. #, etc.

27

City & State

28 WINTER HAVEN FL

Zip

29 33880

Country

30 USA

4. FEI Number

59-3341936

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

MARQUEZ, NELSON  
200 AVE K SE 168  
WINTER HAVEN FL 33880

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 607.0402 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, if not applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD ☐ DELETE

NAME MARQUEZ, NELSON J

STREET ADDRESS 200 AVENUE K SOUTHEAST, UNIT 168

CITY-ST-ZIP WINTER HAVEN FL 33880

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 DIRECTORS IN 12

11 TITLE PSTD ☒ Change ☐ Addition

12 NAME MARQUEZ, NELSON J.

13 STREET ADDRESS 140 LAKE REGION BLVD. N

14 CITY-ST-ZIP WINTER HAVEN FL 33880

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

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 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:

*Nelson J. Marquez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/97  
Date

(941) 244-2657  
Daytime Phone #

0391441

CR2E034 (9/96)