PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000087441

Country

9. Name and Address of Current Registered Agent

25

Corporation Name

BOBBI LAW, C.R.C., L.M.H.C., P.A.

Principal	Place	of Busines	S
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Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

29

Zip

5947 RIVERVIEW BOULEVARD BRADENTON FL 34209

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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Zin

5947 RIVERVIEW BOULEVARD BRADENTON FL 34209

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90053 040 ***150.00



DO NOT WRITE IN THIS	SPACE			
3. Date Incorporated or Qualifed				
11/13/1995				
4. FEI Number	Applied For			
65-0629045	Not Applicable			
5. Certifcate of Status Desired	\$8.75 Additional Fee Required			
-6. Election Campaign Financing - Trust Fund Contribution	\$5.00 May Be Added to Fees			
This corporation owes the current year Int. Personal Property Tax.	angible □ Yes □ No			
10. Name and Address of New Registered Agent				

85

Zip Code

LAW, BOBBI
5947 RIVERVIEW BOULEVARD
BRADENTON FL 34209

81 Name

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

83

84 City

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.

Country

30

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change ☐ Addition □ DELETE 1.1 TITLE TITLE 1.2 NAME NAME LAW, BOBBI STREET ADDRESS 5947 RIVERVIEW BOULEVARD 1.3 STREET ADDRESS **BRADENTON FL 34209** 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TILE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 ππ.E ☐ Change Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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:

NATURE OF TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/99 941.748.4489

Daylime Phone #

CR2E034 (11/98)