

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

**PROFIT
CORPORATION
ANNUAL REPORT
1998**



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

DOCUMENT # P95000089656 (9)

1. Corporation Name

MAITLAND HEALTH COUNSELING SERVICE, INC.

Principal Place of Business

**650 MAITLAND AVENUE
ALTAMONTE SPRINGS FL 32701**

Mailing Address

**650 MAITLAND AVENUE
ALTAMONTE SPRINGS FL 32701**

FILED

98 APR 24 AM 11:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/22/1995

4. FEI Number

59-3352146

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 1173B Spring Centre

Suite, Apt. #, etc.

22 South Blvd.

City & State

23 Altamonte Springs, FL

Zip

24 32714

Country

25 USA

2a. Mailing Address

26 1173B Spring Centre

Suite, Apt. #, etc.

27 South Blvd.

City & State

28 Altamonte Springs, FL

Zip

29 32714

Country

30 USA

9. Name and Address of Current Registered Agent

**PEREIRA, ADOLFO J
650 MAITLAND AVENUE
ALTAMONTE SPRINGS FL 32701**

10. Name and Address of New Registered Agent

81 Name

Pereira, Adolfo J. III

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

1173B Spring Centre South Blvd.

83

84 City

Altamonte Springs FL

85 Zip Code

32714

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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]
Signature of registered agent or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/9/98

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **PREIRA, ADOLFO J III**

STREET ADDRESS **650 MAITLAND AVE.**

CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE **VD** ☐ DELETE

NAME **CAHILL, SUHARMI**

STREET ADDRESS **9053 S.W. 147TH COURT**

CITY-ST-ZIP **MIAMI FL 33196**

TITLE **VP** ☒ DELETE

NAME **RULKA, E. JOHN**

STREET ADDRESS **610 S PARK RD #117**

CITY-ST-ZIP **HOLLYWOOD FL 33021**

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

1.1 TITLE **President Director** ☒ Change ☐ Addition

1.2 NAME **Pereira, Adolfo J. III**

1.3 STREET ADDRESS **1173B Spring Centre South Blvd.**

1.4 CITY-ST-ZIP **Altamonte Springs, FL 32714**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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******150.00 ****150.00**

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 ☐ Change ☐ Addition

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.

SIGNATURE

1/9/98 (407) 331-1505

CR2E034 (10/97)