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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000011037

1. Entity Name

I & L Counseling Services, Inc.

Principal Place of Business / Mailing Address

3389 W. Vine Street, Suite 304
Kissimmee, FL 34741

04/24/01 90028 010 $150.00

REINSTATEMENT 2001

2. Principal Place of Business	3. Mailing Address
3389 W. Vine Street	3389 W. Vine Street
Suite, Apt. #, etc: 304	Suite, Apt. #, etc: 304
City & State: Kissimmee, FL	City & State: Kissimmee, FL
Zip: 34741 Country: USA	Zip: 34741 Country: USA

4. FEI Number 593360265 — Applied For / Not Applicable

5. Certificate of Status Desired XX — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

John Schwartz
3501 W. Vine Street
Suite 382
Kissimmee, FL 34741

7. Name and Address of New Registered Agent

Name: Mary Elizabeth Fitzgibbons
Street Address (P.O. Box Number is Not Acceptable): 519 W. Patrick Street
City: Kissimmee FL Zip Code: 34741

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: Mary E. Fitzgibbons — Date: 11/2/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: DP NAME: Irene Acosta, Psy.D STREET ADDRESS: 3389 W. Vine Street, Ste304 CITY-ST-ZIP: Kissimmee, FL 34741 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition 700004685647--5 -11/16/01--01070--01 ****610.00 ****60.75
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CR2E034 (11/00)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Irene Acosta PsyD — 11/2/01 — 407 9337788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #