

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000022406

1. Corporation Name

JACKIE TWITCHELL TAKAKI; PSY.D. P.A.

	-TAKAKI					
Principal Pla	ice of Business	Mailing Address		A 4001140s 115 -8110 81015 89(11 A81)	r Barit Abred dilpin bract miller a	
1400 ROYAL	PALM SOUARE BUVO	1400 ROYAL PALM COUARE	-8LVD			
SUITE-103	•	SUITE 103		DO NOT WEST	E IN THIS SPACE	
FT. MYERG F	L 33919	FF. MYERS PL 33919		Date Incorporated or Qualifed	e in This SPACE	
				03/08/1996		ļ
2.0	Diagonal Consideration	2a. Mailing Address		4. FEI Number	Ane	alled For
	Place of Business 2 Colonial Blud.		. / Al.		 ''	Applicable
21 / 3 9 Suite, Ap		26 1342 Colon Suite, Apt. #, etc.	IN LINE		\$8.75 4	
	q. F, Suite 43	27 Bldg. f	Suite 43	5. Certifcate of Status Desired	Fee Rex	
Cliv & St		City & State		6. Election Campaign Financing	\$5.00	May Be
23 E+.	Muser EL	28 Ft. Mver	5. FL	Trust Fund Contribution	Added to	
Zip	Country	Zlp	Country	8. This corporation owes the curre	nt year intangible	
24 339	07 25	29 33907 3	10	Personal Property Tax.	☐ Yes 1	ØNo
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9. Name and Address of Current	<u> </u>		10. Name and Address of New Re	gistered Agent	
			81 Name	Table Tout	all-Tab	ν .
	TECHELL TAKKER, JACKIE		82 Street /	Address (P.Q. Box Number is Not Acceptate	he) \ <u>(\(\(\C \) \(\C \)</u>	· · · · · ·
1	20 NOYAL PALM SQUARE BLV D.		134	2 Colonial Blu		
	HE-103		B3 (2)	1- (< -+ 43	· -	i
ो न	MYERS FL 33919	•	B4 City	agt, swite 73	[85] Zip C	ode
1			lout City - v	r. Myers	FL	3907
_			1			
_	nt to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the above-named o	corporation submits this statement for the p		registered
11. Pursua	nt to the provisions of Sections 607.0502 registered agent, or both, in the State o am familiar with, and accept the obligati	and 607.1508, Florida Statutes f Florida, Such change was aut ons of, Section 607.0505, Florid	s, the above-named of thorized by the corporate Statutes.	corporation submits this statement for the pration's board of directors. I hereby accept		registered istered
11. Pursua office o agent i	am familiar with, and accept the obligati	and 607.1508, Florida Statutes f Florida. Such change was aut ons of, Section 607.0505, Florid	the above-named of thorized by the corporate Statutes.	corporation submits this statement for the pration's board of directors. I hereby accept	urpose of changing its the appointment as reg	registered istered
11. Pursua	am familiar with, and accept the obligate Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	ita Statutes. Registered Agent signature m	corporation submits this statement for the pration's board of directors. I hareby accept	the appointment as reg	egistered islered
11. Pursua office o agent i	am familiar with, and accept the obligate Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: R	ta Statutes. Registered Agent signature in	corporation submits this statement for the pration's board of directors. I hereby accept	urpose of changing its in the appointment as reg	egistered islered
11. Pursua office o agent. I	am familiar with, and accept the obligate Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: R	Registered Agent signature re 13. 1,1 TITLE	corporation submits this statement for the pration's board of directors. I hereby accept equind when reinstating) ADDITIONS/CHANGES TO OFF	turpose of changing its in the appointment as regulare DATE	RS IN 12
11. Pursual office o agent. I	am familiar with, and accept the obligate Signature, typed or printed name of registered agent OFFICERS AND P TWITCHELL THEORY, JACKIE	and 100 M applicable. (NOTE: R) DIRECTORS	la Statutes. Registered Agent signature re 13. 1.1 TITLE 1.2 NAME	corporation submits this statement for the pration's board of directors. I hereby accept equind when reinstating) ADDITIONS/CHANGES TO OFF	turpose of changing its in the appointment as regulare DATE	RS IN 12
11. Pursual office o agent. I SIGNATUR	Signature, typed or printed name of registered agent OFFICERS AND P TWITCHELL TRANSLIACKIE 1400 ROYAL PALM SQUARE BL	and 100 M applicable. (NOTE: R) DIRECTORS	Registered Agent signature in 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	corporation submits this statement for the pration's board of directors. I hereby accept acce	DATE DATE DATE DATE DATE DATE ACCIDENT AND DIRECTOR ACCIDENT	RS IN 12
11. Pursual office of agent I SIGNATUR	am familiar with, and accept the obligate Signature, typed or printed name of registered agent OFFICERS AND P TWITCHELL THEORY, JACKIE	and the of applicable. (NOTE: R) DIRECTORS DELETE	Registered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	corporation submits this statement for the pration's board of directors. I hareby accept	DATE DATE DATE DATE DATE DATE DATE DATE ACTAND DIRECTOR ACTAND ACTAN	registered istered istered RS IN 12 PAddition
11. Pursual office of agent I SIGNATUR 12. TITLE NAME STREET ADDRES	Signature, typed or printed name of registered agent OFFICERS AND P TWITCHELL TRANSLIACKIE 1400 ROYAL PALM SQUARE BL	and 100 M applicable. (NOTE: R) DIRECTORS	Registered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	corporation submits this statement for the pration's board of directors. I hereby accept acce	DATE DATE DATE DATE DATE DATE ACCIDENT AND DIRECTOR ACCIDENT	egistered istered RS IN 12
11. Pursual office of agent. I SIGNATUR. 12. TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND P TWITCHELL THEORY, JACKIE 1400 ROYAL PALM SQUARE BL FT-MYERS FL	and the of applicable. (NOTE: R) DIRECTORS DELETE	Registered Agent signature of 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	corporation submits this statement for the pration's board of directors. I hereby accept acce	DATE DATE DATE DATE DATE DATE DATE DATE ACTAND DIRECTOR ACTAND ACTAN	registered istered istered RS IN 12 PAddition
11. Pursual office of agent I signature 12. Title NAME STREET ADDRES CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND P TWITCHELL THEORY, JACKIE 1400 ROYAL PALM SQUARE BL FT-MYERS FL	and the of applicable. (NOTE: R) DIRECTORS DELETE	Registered Agent signature in 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	corporation submits this statement for the pration's board of directors. I hereby accept acce	DATE DATE DATE DATE DATE DATE DATE DATE ACTAND DIRECTOR ACTAND ACTAN	registered istered istered RS IN 12 PAddition
11. Pursual office of agent. I SIGNATUR. 12. TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND P TWITCHELL THEORY, JACKIE 1400 ROYAL PALM SQUARE BL FT-MYERS FL	and Use of applicable. (NOTE: R) DOIRECTORS DELETE VD, SUITE 103- DELETE	Registered Agent signature or 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP	corporation submits this statement for the pration's board of directors. I hereby accept acce	DATE DATE DATE DATE DATE DATE DATE DATE DATE ACTAND DIRECTOR ACTAND	registered istered istered is 12
11. Pursual office of agent. I SIGNATUR 12. TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE T	Signature, typed or printed name of registered agent OFFICERS AND P TWITCHELL THEORY, JACKIE 1400 ROYAL PALM SQUARE BL FT-MYERS FL	and the of applicable. (NOTE: R) DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP	corporation submits this statement for the pration's board of directors. I hereby accept acce	DATE DATE DATE DATE DATE DATE DATE DATE DATE ACTAND DIRECTOR ACTAND	registered istered istered RS IN 12 PAddition
11. Pursual office of agent. I SIGNATUR. 12. TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND P TWITCHELL THEORY, JACKIE 1400 ROYAL PALM SQUARE BL FT-MYERS FL	and Use of applicable. (NOTE: R) DOIRECTORS DELETE VD, SUITE 103- DELETE	Registered Agent signature in 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	corporation submits this statement for the pration's board of directors. I hereby accept acce	DATE DATE DATE DATE DATE DATE DATE DATE DATE ACCHANGE ACCHANGE TO KACK BILL & F. SLA 3707 Change	registered istered istered is 12
11. Pursual office of agent. I SIGNATUR 12. TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE T	am familiar with, and accept the obligate Signature, typed or printed name of registered agent OFFICERS AND P TWITCHELL THERE JACKIE 1400 ROYAL PALM SQUARE BL FT-MYERS FL	and Use of applicable. (NOTE: R) DOIRECTORS DELETE VD, SUITE 103- DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.3 STREET ADDRESS	corporation submits this statement for the pration's board of directors. I hereby accept acce	DATE DATE DATE DATE DATE DATE DATE DATE DATE ACCHANGE ACCHANGE TO KACK BILL & F. SLA 3707 Change	registered istered istered is 12
11. Pursual office of agent. I SIGNATUR 12. TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP CITY-ST-ZIP	am familiar with, and accept the obligate Signature, typed or printed name of registered agent OFFICERS AND P TWITCHELL THERE JACKIE 1400 ROYAL PALM SQUARE BL FT-MYERS FL	and the Wapplicable. (NOTE: R) DIRECTORS DELETE VD, SUITE 103	Registered Agent signature of 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	corporation submits this statement for the pration's board of directors. I hereby accept acce	DATE DATE DATE DATE ICERS AND DIRECTOR AChange A Change Change	RS IN 12 Addition Addition
11. Pursual office of agent. I SIGNATUR 12. TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE STREET ADDRES CITY-ST-ZIP TITLE	am familiar with, and accept the obligate Signature, typed or printed name of registered agent OFFICERS AND P TWITCHELL THERE JACKIE 1400 ROYAL PALM SQUARE BL FT-MYERS FL	and Use of applicable. (NOTE: R) DOIRECTORS DELETE VD, SUITE 103- DELETE	Registered Agent signature of 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	corporation submits this statement for the pration's board of directors. I hereby accept acce	DATE DATE DATE DATE DATE DATE DATE DATE DATE ACCHANGE ACCHANGE TO KACK BILL & F. SLA 3707 Change	registered istered istered is 12
11. Pursual office of agent. I SIGNATUR 12. TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME	am familiar with, and accept the obligate Signature, typed or printed name of registered agent OFFICERS AND P TWITCHELL TRANGLIACKIE 1400 ROYAL PALM SQUARE BL FT-MYERS FL	and the Wapplicable. (NOTE: R) DIRECTORS DELETE VD, SUITE 103	Registered Agent signature of 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME	corporation submits this statement for the pration's board of directors. I hereby accept acce	DATE DATE DATE DATE ICERS AND DIRECTOR AChange A Change Change	RS IN 12 Addition Addition
11. Pursual office of agent. I SIGNATUR. 12. TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES STREET ADDRES	am familiar with, and accept the obligate Signature, typed or printed name of registered agent OFFICERS AND P TWITCHELL TRANGLIACKIE 1400 ROYAL PALM SQUARE BL FT-MYERS FL	and the Wapplicable. (NOTE: R) DIRECTORS DELETE VD, SUITE 103	Registered Agent signature of 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 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	corporation submits this statement for the pration's board of directors. I hereby accept acce	DATE DATE DATE DATE ICERS AND DIRECTOR AChange A Change Change	RS IN 12 Addition Addition
11. Pursual office of agent I signature 12. Title NAME STREET ADDRES CITY-ST-ZP	am familiar with, and accept the obligate Signature, typed or printed name of registered agent OFFICERS AND P TWITCHELL TRANGLIACKIE 1400 ROYAL PALM SQUARE BL FT-MYERS FL	ons of, Section 607,0505, Floridade and the Wapplicable. (NOTE: R) DIRECTORS DELETE VD, SUITE 103 DELETE DELETE	Registered Agent signature of 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 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 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	corporation submits this statement for the pration's board of directors. I hereby accept acce	DATE DATE CERS AND DIRECTOR CACA CACA CACA CACA CACA CACA CACA CA	RS IN 12 Addition Addition
11. Pursual office of agent I signature 12. Title NAME STREET ADDRES CITY-ST-ZP TITLE	am familiar with, and accept the obligate Signature, typed or printed name of registered agent OFFICERS AND P TWITCHELL TRANGLIACKIE 1400 ROYAL PALM SQUARE BL FT-MYERS FL	and the Wapplicable. (NOTE: R) DIRECTORS DELETE VD, SUITE 103	Registered Agent signature of 13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 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 TITLE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE	corporation submits this statement for the pration's board of directors. I hereby accept acce	DATE DATE DATE DATE ICERS AND DIRECTOR AChange A Change Change	RS IN 12 Addition Addition
11. Pursual office of agent I signature 12. Title name Street address city-st-zip Title name	Signature, typed or printed name of registared agent OFFICERS AND P TWITCHELL TRANSL JACKIE 1400 ROYAL PALM SQUARE BL FT-MYERS FL	ons of, Section 607,0505, Floridade and the Wapplicable. (NOTE: R) DIRECTORS DELETE VD, SUITE 103 DELETE DELETE	Registered Agent signature of 13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 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	corporation submits this statement for the pration's board of directors. I hereby accept acce	DATE DATE CERS AND DIRECTOR CACA CACA CACA CACA CACA CACA CACA CA	RS IN 12 Addition Addition
11. Pursual office of agent I signature 12. Title name Street address city-st-zip	Signature, typed or printed name of registared agent OFFICERS AND P TWITCHELL TRANSL JACKIE 1400 ROYAL PALM SQUARE BL FT-MYERS FL	ons of, Section 607,0505, Floridade and the Wapplicable. (NOTE: R) DIRECTORS DELETE VD, SUITE 103 DELETE DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 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 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	corporation submits this statement for the pration's board of directors. I hereby accept acce	DATE DATE CERS AND DIRECTOR CACA CACA CACA CACA CACA CACA CACA CA	RS IN 12 Addition Addition
11. Pursual office o agent I signature 12. Title name Street address city-st-zip	Signature, typed or printed name of registared agent OFFICERS AND P TWITCHELL TRANSL JACKIE 1400 ROYAL PALM SQUARE BL FT-MYERS FL	ONS OF, SECTION 607, USUS, FIGHTS and USE If applicable. (NOTE: R DELETE VD, SUITE 103 DELETE DELETE DELETE	Registered Agent signature of 13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 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 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	corporation submits this statement for the pration's board of directors. I hereby accept acce	DATE DATE DATE DATE ICERS AND DIRECTOR Change Change Change	egistered istered istered RS IN 12 Addition Addition Addition
11. Pursual office of agent I signature 12. Title name Street address city-st-zip	Signature, typed or printed name of registared agent OFFICERS AND P TWITCHELL TRANSL JACKIE 1400 ROYAL PALM SQUARE BL FT-MYERS FL	ons of, Section 607,0505, Floridade and the Wapplicable. (NOTE: R) DIRECTORS DELETE VD, SUITE 103 DELETE DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 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 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	corporation submits this statement for the pration's board of directors. I hereby accept acce	DATE DATE CERS AND DIRECTOR CACA CACA CACA CACA CACA CACA CACA CA	RS IN 12 Addition Addition

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 eath; 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 air address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90009 018 ***150.00

■31

= ---=:=

=:::::

= ::

■ 753