


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

FILED

Apr 28 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 # P96000055853 (1)

1. Corporation Name

BEVERLY GIBEL, LCSW, ACSW, BCD, P.A.



| | |
|--|---|
| Principal Place of Business 5700 LAKE WORTH ROAD STE 303 LAKE WORTH FL 33463 | Mailing Address 5700 LAKE WORTH ROAD STE 303 LAKE WORTH FL 33463-3275 |
|--|---|

| | |
|---|--------------------------------|
| 3. Date Incorporated or Qualified 06/28/1996 | 3a. Date of Last Report |
| 4. FEI Number 65-0727787 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | |
|---|--|-----------------------------|
| 2. Principal Place of Business 21 603 VILLAGE BLVD Suite, Apt. #, etc. 22 SUITE 208 City & State 23 WEST PALM BEACH, FL Zip 24 33409 | 2a. Mailing Address 26 603 VILLAGE BLVD Suite, Apt. #, etc. 27 SUITE 208 City & State 28 WEST PALM BEACH, FL Zip 29 33409 | Country 25 USA 30 USA |
|---|--|-----------------------------|

9. Name and Address of Current Registered Agent

GIDEL, BEVERLY
5700 LAKE WORTH ROAD STE 303
LAKE WORTH FL 33463

10. Name and Address of New Registered Agent

| | | | | | |
|---------|---|--------------|--------------------------|-------|----------------------|
| 81 Name | 82 Street Address (P.O. Box Number is Not Acceptable) 603 VILLAGE BLVD | 83 SUITE 208 | 84 City WEST PALM BCH | 85 FL | 86 Zip Code 33409 |
|---------|---|--------------|--------------------------|-------|----------------------|

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.

SIGNATURE


Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D PARS GIDEL, BEVERLY 5700 LAKE WORTH ROAD STE 303 LAKE WORTH FL 33463 <input type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-97 (561) 684-8335
Date Daytime Phone #

CR2E034 (9/96)