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PROFIT CORPORATION ANNUAL REPORT

1999

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000055853

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

FILED Jul 22, 1999 8:00 am Secretary of State

07-22-1999 90012 032 ***150.00



Principal Place	e of Business	Mailing Address		
603 VILLAGE BLVD		603 VILLAGE BLVD		
STE 208	CU 51 00400	STE 208	•	DO NOT WRITE IN THIS SPACE
WEST PALM BCH FL 33409		WEST PALM BCH FL 33409 US		3. Date Incorporated or Qualified
. 03		00		06/28/1996
	lace of Business	2a. Mailing Address	4 .	4. FEI Number Applied For
21 580 1	VILLACE BLUD # 3	70 26 580 VILLAY	e BLUD	65-0727787 Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22	370	27 370		Fee Required
City & State 23 WビンT	PARM BLH, FL 3340	9 28 WE IT Pan	BCH FL	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 334	Country 25 USA	zip 29 33409	Country USA	8. This corporation owes the current year Intangible Personal Property. Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				
81 Name				
GIBEL, BEVERLY 82 Street Addr				Address (D.O. Boy Number in Net Assentable)
603 VILLAGE BLVD				Address (P.O. Box Number is Not Acceptable)
STE 208				
WEST PALM BCH FL 33409			<u> </u>	SUITE 370
			84 City	FL 85 Zip Code
44. 5 world the resistance of partiage con one con 1500. Elegate Statutes, the phone parent 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.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	Change Addition
NAME	GIBEL, BEVERLY		1.2 NAME	
STREET ADDRESS	603 VILLAGE BLVD	•	1.3 STREET ADDRESS	540 UNLAGE BLUD STE 370
	W PALM BEACH FL 33409		1.4 CITY-ST-ZIP	
CITY-ST-ZIP TITLE	WIADH OLACITIC GOTOS	DELETE	2.1 TITLE	Change Addition
NAME		[_] DELETE	2.2 NAME	Contange
			2.3 STREET ADDRESS	
STREET ADDRESS				
CITY-ST-ZIP		- Design	2.4 CITY-ST-ZIP	
TITLE	_	DELETE	3.2 NAME	Orlange (L.) Prediction
NAME			3.3 STREET ADDRESS	
STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP 4.1 TITLE	Change Addition
TITLE		DELETE		☐ Change ☐ Addition
NAME	j		4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	L_J Change L_J Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	
14. I hereby co	ertify that the information supplied w	ith this filing does not qualify for the	e 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.				

Board Certified Psychotherapist

July 16, 1999

Division of Comportations Annual Reports Filings P.O. Box 1500 Tallahussee, FL 32302-1500

Dean Sin on Madam,

I am forwarding the Congresation Annual Report and first rotice fee. As you will note, I moved my office and had considerable difficulty receiving forwarded considerable difficulty received the first notice mail. I never received the first notice for the Annual Report.

Thank you for your uniestanding.

Sincerely, Beverly Eibel