FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000064292

1. Entity Name

Choices Counseling Center, Inc.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
606 N. U.S. #1	606 N. U.S. #1
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Pierce, FL	City & State: Fort Pierce, FL
Zip: 34950 Country: St. Lucie	Zip: 34950 Country: St. Lucie

4. FEI Number: 650691597 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Joseph M. Considine

Street Address (P.O. Box Number is Not Acceptable): 515 N. Flagler Drive, Suite 702

City: West Palm Beach **FL** Zip Code: 33401

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: Joseph Considine — Joseph M. Considine (Signature, typed or printed name of registered agent and title if applicable.) — 11/5/02 DATE

(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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	DPSVP
NAME	David Agnolucci
STREET ADDRESS	3814 Paseo Navarra
CITY-ST-ZIP	West Palm Beach FL 33405
TITLE	T
NAME	Raymond Agnolucci
STREET ADDRESS	1315 S. Flagler Drive, Apt. 21
CITY-ST-ZIP	West Palm Beach FL 33401
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: President 11-6-02 (561) 804-9817

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

JC 11/14/02

Law Offices of

Joseph M. Considine, P.A.

A Florida Professional Association

Northbridge Centre

515 N. Flagler Drive, Suite 702

West Palm Beach, Florida 33401

Joseph M. Considine
Eileen T. O'Malley

James S. Robinson
Of Counsel

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November 6, 2002

Uniform Business Report
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

RE: Choices Counseling Center, Inc.

Gentlemen:

Enclosed herewith please find an amended UBR together with our check in the amount of $61.25.

If you have any questions, please do not hesitate contacting us.

Sincerely,

Joe Considine

Joseph M. Considine

JMC:db
Enclosures