

P96000092888

THE HOGAN LAW FIRM

20 SOUTH BROAD STREET  
POST OFFICE BOX 485  
BROOKSVILLE, FLORIDA 34605

000002054620--6

-01/10/97--01101--015

\*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- ☐ Walk in      ☐ Pick up time \_\_\_\_\_      ☐ Certified Copy  
☐ Mail out      ☐ Will wait      ☐ Photocopy      ☐ Certificate of Status

FILED  
97 FEB -7 PM 3:46  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RA Chg.

VS FEB 11 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

January 17, 1997

THE HOGAN LAW FIRM  
POST OFFICE BOX 485  
BROOKSVILLE, FL 34605

SUBJECT: FLORIDA COUNSELING NETWORK, INC.  
Ref. Number: P96000092888

We have received your document for FLORIDA COUNSELING NETWORK, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6909.

Velma Shepard  
Corporate Specialist

Letter Number: 297A00002590

THE HOGAN LAW FIRM

20 SOUTH BROAD STREET POST OFFICE BOX 485 BROOKSVILLE, FLORIDA 34605  
TELEPHONE (352) 799-8423 TELEFACSIMILE (352) 799-8294

THOMAS S. HOGAN, JR.  
ATTORNEY AT LAW

February 5, 1997

Florida Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314  
Attn: Velma Shepard

Re: Florida Counseling Network, Inc.

Dear Ms. Shepard:

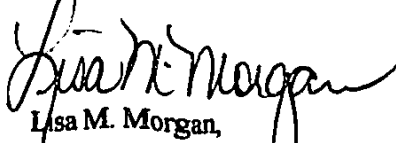
Enclosed please find a document entitled "Statement of Change of Registered Office or Registered Agent or Both for Corporations." Additionally, please find the Resolution of the corporation which incorporates the same. → *Returned*

Further, you will find a photocopy of your correspondence to this office dated January 17, 1997, which indicates that your office has retained our check for processing the same.

If you should have any questions or comments, please do not hesitate to contact me.

Thank you for your time and consideration.

Sincerely,

  
Lisa M. Morgan,  
Secretary to Mr. Hogan

encl.

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

1. The name of the corporation is: FLORIDA COUNSELING NETWORK, INC.

3. Date of incorporation/qualification: 11/13/96 Document number: P96000092888

Thomas S. Hogan, Jr., Esq.

Brooksville, Florida 34601

Claude L. Fightmaster

6017 Schalekamp Drive

Spring Hill, Florida 34609

(Signature of an officer, chairman or vice chairman of the board)

Date

Claude L. Fightmaster, President

(Printed or typed name and title)

*Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.*

(Signature of Registered Agent)

(Date)

(Typed or Printed Name)

(Capacity)