

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90343 025 ***150.00

DOCUMENT # **P97000053601**

1. Entity Name

Miriam E. Henry MA, LMHC PA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

924 N Magnolia Ave.

3. Mailing Address

Same

Suite, Apt. #, etc.

317

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

FL

Zip

32789

Country

USA

Zip

Country

4. FEI Number

59-3449165

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

LEONIE D LARMOND

Street Address (P.O. Box Number is Not Acceptable)

924 N MAGNOLIA AVE STE 317

City

ORLANDO

FL

Zip Code

32803

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

Leonie D Larmond

LEONIE D LARMOND

05/03/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
LEONIE D LARMOND
924 N MAGNOLIA AVE STE 317
ORLANDO, FL 32803**

TITLE
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CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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:

Leonie D Larmond

LEONIE D LARMOND PRESIDENT

4/17/02

407-843-1455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)