

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000085285

Entity Name: GRIFFITH COUNSELING, INC.

FILED  
Mar 25, 2009  
Secretary of State

## Current Principal Place of Business:

201 SW. SIXTH ST.  
STUART, FL 34994

## New Principal Place of Business:

## Current Mailing Address:

201 S W. SIXTH ST.  
STUART, FL 34994

## New Mailing Address:

201 SW. SIXTH ST.  
STUART, FL 34994

FEI Number: 65-0871881

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GRIFFITH, TRACY DR.  
201 SW. SIXTH ST.  
STUART, FL 34994 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: GRIFFITH, TRACY PHD  
Address: 714 E. PARKWAY  
City-St-Zip: STUART, FL 34996

Title: P ( ) Delete  
Name: BURMENKO-GRIFFITH, OLGA  
Address: 714 E. PARKWAY  
City-St-Zip: STUART, FL 34996

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRACY GRIFFITH, PHD

VP

03/25/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date