FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

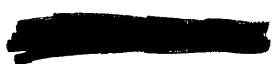
1999 DOCUMENT # P 98 6660 87272

Corporation Name

AAA FAHILY CENTERS INC

May 13, 1999 8:00 am Secretary of State

05-13-1999 90005 007 ***150.00



rincipal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed Principal Place of Business 2a. Mailing Address 4. FEL Number Applied For 111 WOLFMPIA AUE 0872436 26 111 WOLY MPIA AUC Not Applicable \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 60200 GORDA Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible *3395*0 Personal Property Tax. 29 DΩNο. ☐ Yes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent G MARSHALL Street Address (P.O. Box Number is Not Acceptable) 82 83 84 City GORDA 1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named 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. 6 MARSHALL **IGNATURE** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LΕ ☐ DELETE 1.1 TITLE J027 GRAVES VΕ 1.2 NAME 5150 ROYAL PALMANE REET ADDRESS 1.3 STREET ADDRESS SARASOTA FL 34243 Y-ST-ZIF 1.4 CITY-ST-ZIP ١E DELETE P Addition 2.1 TITLE Change 'AF 2.2 NAME DEBORAH R DOLEN REET ADDRESS 2.3 STREET ADDRESS DR 3907 BAY5,DE 4210 Y-ST-ZIP 2. 4 CITY-ST-ZIP BRADENTON LE □ DELETE 3.1 TITLE Addition νÆ 3.2 NAME PAUL G MARSHALL REET ADDRESS 3.3 STREET ADDRESS 111W. OLYMPIA AUG Y-ST-ZIP NTA GORDA 3.4. CITY-ST-ZIP ιE ☐ DELETE 4.1 TITLE Addition άE 4. 2 NAME EET ADDRESS 4.3 STREET ADDRESS Y-ST-ZIP 4.4 CITY-ST-ZIP ..Е □ DELETE Change Addition 'nΕ 5.2 NAME REET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP Y-ST-ZIP Æ DELETE 6.1 TITLE ☐ Change Addition ΜĒ 6.2 NAME REET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 1. 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 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, with all other like empowered.

IGNATURE:

Y-ST-ZIP