

DOCUMENT # P98000092878

1. Entity Name

MARIA-LUISA G. PINO, L.M.H.C., P.A.

Principal Place of Business

Mailing Address

2011 W. STATE RD. 434
LONGWOOD FL 32779

237 Lookout Place
Suite 150
Maitland, FL
32751

702 FAIROAKS LN
MAITLAND FL 32751-4515

702 Fair Oaks Ln.

2. Principal Place of Business

3. Mailing Address

237 Lookout Place, Suite 150
Suite, Apt., #, etc.
Maitland, FL 32751

702 Fair Oaks Ln
Suite, Apt., #, etc.
Maitland, Florida

City & State

City & State

Zip

Country

Zip

Country

32751

USA

32751

USA

6. Name and Address of Current Registered Agent

PINO, MARIA-LUISA G
2011 W. STATE RD. 434
LONGWOOD FL 32779

237 Lookout Place
Suite 150
Maitland, FL 32751

Name

Street Address ()

City

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS

12.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
PINO, MARIA-LUISA G
2011 W. STATE RD. 434
LONGWOOD FL 32779

237 Lookout Place
Suite 150
Maitland, FL 32751

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.1 of the Florida Statutes, and that the information is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Maria Luisa Pino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954406

DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3540330	Applied For
		Not Applicable

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

7. Name and Address of New Registered Agent	
P.O. Box Number is Not Acceptable)	
FL	Zip Code

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 _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p align="center">FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete D PINO, MARIA-LUISA G 2811 W. STATE RD. 434 237. Lookout Place LONGWOOD FL 32779- Ma i Hand, FL 32751	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mano Kuno Piu 4-27-2000 (407) 539 1889