

FILED
Mar 18, 2004 8:00 am
Secretary of State

DOCUMENT # P98000092878

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



702 FAIROAKS LN
MAITLAND FL 32751
US

Suite, Apt. #, etc.

City & State

Country

Applied For
Not Applicable

7. Name and Address of New Registered Agent

Name PINO, MARIA-LUISA G. - - - - -

Street Address (P.O. Box Number is Not Acceptable)
1573 W. Fairbanks Ave, Suite 200

City Winter Park FL Zip Code 32789

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PINO, MARIA-LUISA G		
STREET ADDRESS	1573 W. Fairbanks Ave, Suite 200		
CITY - ST - ZIP	Winter Park, FL 32789		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Marie Ursula

3-16-04

Date _____

Daytime Phone # _____