

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P99000037837

FILED
Aug 13, 2008
Secretary of State**Entity Name:** CRAIG P. KURTZ L.M.H.C., P.A.**Current Principal Place of Business:**877 FLEMING STREET
GREEN COVE SPRINGS, FL 32043**New Principal Place of Business:****Current Mailing Address:**PO BOX 8057
FLEMING ISLAND, FL 32006**New Mailing Address:****FEI Number:** 59-3582337**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**TOLSON, JOHN F ESQ.
462 KINGSLEY AVE.
SUITE 101
ORANGE PARK, FL 32073 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**OFFICERS AND DIRECTORS:**

Title: P () Delete
Name: KURTZLMHC, CRAIG P
Address: 877 FLEMING ST
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: VP (X) Delete
Name: FAIR-KURTZ, SHARON E
Address: 877 FLEMING ST
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: VP () Delete
Name: ARCE, SHIRLEY E
Address: 804 SE 7TH ST # 404D
City-St-Zip: DEERFIELD BCH, FL 33441

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: CRAIG P KURTZ LMHC, PRESIDENT

PRES

08/13/2008

Electronic Signature of Signing Officer or Director_____
Date