5/12.

FILED
Jul 05, 2000 8:00 am
Secretary of State

05-12-2000 90057 034 ***150.00

[redacted]

DO NOT WRITE IN THIS SPACE

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000107898

1. Entity Name

CLINICAL PSYCHOTHERAPY, INC.

Principal Place of Business	Mailing Address
6440 1ST AVE. NORTH ST. PETERSBURG FL 33710	6440 1ST AVE. NORTH ST. PETERSBURG FL 33710

Clinical Psychotherapy

2. Principal Place of Business	3. Mailing Address
6440 - 1st Ave No	Same
Suite, Apt. #, etc.: St. Petersburg	Suite, Apt. #, etc.
City & State: Florida	City & State
Zip: 33710 Country: Pinellas	Zip: 33710 Country: Pinellas

4. FEI Number: 59-3638674 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHARMAN, CAROLE M
6440 1ST AVE. NORTH
ST. PETERSBURG FL 33710

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City 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.

NA

SIGNATURE ______ Signature, typed or printed name of registered agent (NOTE: Registered Agent signature required) DATE

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

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

11. OFFICERS AND DIRECTORS

TITLE	VICE-PRES / TREASURER	☐ Delete
NAME	SHEILA D. HANES	
STREET ADDRESS	3103 S. DeBazan Ave.	
CITY-ST-ZIP	St. Pete Beach, FL 33706	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Carole S Sharman 4/5/2000 727-341-0097

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #