FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY -1 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S22671 (9)

1. Corporate Name
ANANDA COUNSELING CENTER, INC.

Principal Place of Business
420 WEST PLATT STREET
TAMPA FL 33606

Mailing Address
420 WEST PLATT STREET
TAMPA FL 33606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/27/1990

3a. Date of Last Report: 04/26/1994

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

24 25 29 30

4. FEI Number: 59-3024173 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PARKER, CAROL J.
420 WEST PLATT STREET
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name

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

83

84 City: FL 85 Zip Code

11. Pursuant to the provisions of section 607.325, 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 607.325, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
P PARKER, CAROL J. 420 W. PLATT ST. TAMPA FL	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I hereby certify that the information contained herein, including any information contained on any attachments, is true and accurate. I further certify that I am familiar with and authorized by Florida law to execute this report. I understand 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 above, or on an attachment with an addition.

SIGNATURE: Carol Parker CAROL J. PARKER, PRES 4-29-95 8132716868

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

0201638 CP