FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995 5-18-95 B-6771 C

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED
MAY 13 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V33637 (2)

1. Corporate Name
WOMEN BEYOND THERAPY - THE COMPANY, INC.

Principal Place of Business
5325 11TH AVENUE SOUTH
GULFPORT FL 33707

Mailing Address
5325 11TH AVENUE SOUTH
GULFPORT FL 33707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/04/1992
3a. Date of Last Report: 04/15/1994

2. Principal Place of Business
21
Suite Apt. # or
22
City, State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite Apt. # or
27
City, State
28
Zip 29 Country 30

4. FEI Number: 59-3130359
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. The corporation has elected to be governed by Section 607.0830 Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent
SCHIFINO, WILLIAM J.
SUITE 2700
201 NORTH FRANKLIN STREET
TAMPA FL 33602

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 607.0501, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The street address of the registered office and the name of the registered agent are identical to any such office or agent of another business entity maintained by it at its place of business in Florida.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MAUNEY, SHARRY L.
ADDRESS	5325 11TH AVENUE SOUTH
CITY	GULFPORT FL
TITLE	D
NAME	SIMPSON, DENISE R."SAMM"
ADDRESS	614-D GROVE COURT
CITY	DUNEDIN FL
TITLE	D
NAME	ESPOSITO, RAE C.
ADDRESS	801 CREST BROOK LOOP
CITY	LONGWOOD FL

13. ADDITIONAL OFFICERS AND DIRECTORS (ATTACH ADDITIONAL PAGE IF NECESSARY) ☐ Change ☐ Add

14. I hereby certify that the information supplied with this report is true and complete to the best of my knowledge and belief. I further certify that I am a director, officer, or agent of the corporation or a person authorized by the corporation to execute this report. I understand that the information supplied with this report will be relied upon by the State of Florida for various purposes.

SIGNATURE: Denise R. (Samm) Simpson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Denise R. ("Samm") Simpson

5/13/95 813.573.3800 EXT. 5330

0308042 CP