## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Feb 09 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

CITY-ST-ZIP

V47890

(1)

JOSEPH HARTMAN CONSULTING PSYCHOLOGY, INC.

Principal Place of Business Mailing Address 5700 ST. AUGUSTINE ROAD 5700 ST. AUGUSTINE ROAD SUITE 211 BISHOP SOUARE SUITE 211 BISHOP SQUARE JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/29/1992 2. Principal Place of Business Mailing Address 4. FEI Number Applied For 26 59-3133069 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HARTMAN, JOSEPH H., PH. D. 81 Name 3827 PONCE DE LEON BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32217 83 84 City Zip Code Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 11100 ☐ Addition HARTMAN, JOSEPH H 1.2 NAME 5700 ST AUGUSTINE ROAD #211 STREET ADDRESS 1.3 STREET ADDRESS Jacksonville fl CITY-ST-ZIF 1.4 C(1Y - ST - ZIP TITLE DELETE 2.1 TITLE Change ☐ Addition NAME 22 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZiP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change noilibhA NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address. HARTMAN alilar

6.4 CITY - ST - ZIP