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Feb 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V59382** (4)  
1. Corporation Name  
**PROFESSIONAL COUNSELING CENTERS OF AMERICA, INC.**



Principal Place of Business

5728 MAJOR BLVD.  
SUITE 316  
ORLANDO FL 32819  
US

Mailing Address

5728 MAJOR BLVD  
SUITE 316  
ORLANDO FL 32819-7844  
US

2. Principal Place of Business

21 1362 40th St  
Suite, Apt. #, etc.

22 City & State  
SARASOTA FL

23 Zip Country  
34234 USA

2a. Mailing Address

26 37899 Balentine Dr  
Suite, Apt. #, etc.

27 200  
28 Newark, CALIF

29 Zip Country  
94540 USA

3. Date Incorporated or Qualified  
07/15/1992

3a. Date of Last Report  
07/31/1996

4. FEI Number  
65-0393300

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 s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ROTHARD, ANITA B.  
5728 MAJOR BLVD  
SUITE 316  
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name  
Deborah A. Turner  
82 Street Address (P.O. Box Number is Not Acceptable)  
1362 40th Street  
83  
84 City SARASOTA FL 85 Zip Code 34234

11. 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 Deborah A. Turner

Deborah A. Turner

1-29-97

Signature of principal or person in charge of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST  
NAME ROTHARD, ANITA B.  
STREET ADDRESS 5728 MAJOR BLVD #316  
CITY-ST-ZIP ORLANDO FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PST  
1.2 NAME Rothard, Anita B.  
1.3 STREET ADDRESS 29391 TAYLOR AVE  
1.4 CITY-ST-ZIP HAYWARD, CA 94544

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Deborah A. Turner  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/97

1-800-822-4157

Date

Daytime Phone #

CR2E034 (9/96)