

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V67314

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** PSYCHOLOGICAL WELLNESS FOR CHILDREN AND FAMILIES, INC.

**Current Principal Place of Business:**

815 ORIENTA AVE  
SUITE 1010  
ALTAMONTE SPRINGS, FL 32701 US

**New Principal Place of Business:**

**Current Mailing Address:**

815 ORIENTA AVE  
SUITE 1010  
ALTAMONTE SPRINGS, FL 32701 US

**New Mailing Address:**

**FEI Number:** 59-3148003

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARA, BARBARA  
815 ORIENTA AVE  
SUITE 1010  
ALTAMONTE SPRINGS, FL 32701 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: MARA, BARBARA  
Address: 815 ORIENTA AVE, SUITE 1010  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 all other like empowered.

SIGNATURE: BARBARA A. MARA

DR.

04/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date