# above, or on an attachment with all other like empowered.

# SIG

Electronic Signature of Signing Officer/Director Detail

## 2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT# P01000072464

Entity Name: A DAY AT A TIME COUNSELING CENTER, INC.

#### **Current Principal Place of Business:**

6220 SOUTH ORANGE BLOSSOM TRAIL SUITE 191 ORLANDO, FL 32809

#### **Current Mailing Address:**

6220 SOUTH ORANGE BLOSSOM TRAIL SUITE 191 ORLANDO, FL 32809 US

#### FEI Number: 58-2635643

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

MAS, JOHN 6220 SOUTH ORANGE BLOSSOM TRAIL SUITE 191 ORLANDO, FL 32809 US

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

#### **Officer/Director Detail :**

Title	Р
Name	MAS, JOHN
Address	14763 EDGEMERE DRIVE
City-State-Zip:	SPRING HILL FL 34609

FILED Apr 29, 2014 Secretary of State CC8735514508

Date

Certificate of Status Desired: No

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

NATURE: MAS JOHN	
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04/29/2014 PRESIDENT

Date