



Form Revision Date 07/2016

NONPROFIT CORP ANNUAL REPORT (YEARS: 2015-PRESENT)

(Required by Section 911, Act 162, Public Act of 1982)

The identification number assigned by the Bureau is: 800845861

Annual Report Filing Year: 2018

1. Corporation Name:
WESTLUND GUIDANCE CLINIC

2. The street address of the corporation's registered office and the name of the resident agent at that office:

1. Resident Agent Name: DEAN EMERSON

2. Street Address: 203 S WASHINGTON AVENUE

Apt/Suite/Other: SUITE 310

City: SAGINAW

State: MI Zip Code: 48601

3. Mailing address of the corporation's registered office:

P.O. Box or Street Address: 203 S WASHINGTON AVENUE

Apt/Suite/Other: SUITE 310

City: SAGINAW

State: MI Zip Code: 48607

5. Provide the names and business or residence addresses of the corporation's board of directors and its president, treasurer, and secretary:

Title	Name	Residence or Business Address
PRESIDENT	BONNIE WENZEL	4301 FASHION SQUARE BOULEVARD, SAGINAW, MI 48603 USA
TREASURER	JOHN DUNN	2306 HESS AVE, SAGINAW, MI 48601 USA
SECRETARY	JOHN DUNN	2306 HESS AVE, SAGINAW, MI 48601 USA
DIRECTOR	MARGARET MOSQUEDA	1961 DELTA DRIVE, UNIVERSITY CENTER, MI 48710 USA
DIRECTOR	DEAN EMERSON	203 S WASHINGTON AVENUE, SUITE 310, SAGINAW, MI 48607 USA
DIRECTOR	ANGELA GWIZDALA	203 S WASHINGTON AVENUE, SUITE 310, SAGINAW, MI 48607 USA

6. Describe the purposes and general nature and kind of business in which the corporation engaged in during the year covered by this report:

TO PROVIDE PSYCHIATRIC, PSYCHOLOGICAL, AND SOCIAL WORK SERVICES FOR THE DIAGNOSIS AND TREATMENT OF INDIVIDUALS WITH PERSONALITY AND/OR BEHAVIORAL DISORDERS

Signed this 1st Day of October, 2018 by:

Signature	Title	Title if "Other" was selected
DEAN EMERSON	Authorized Agent	

By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further certify that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act.

Decline Accept

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
FILING ENDORSEMENT

This is to Certify that the 2018 ANNUAL REPORT

for

WESTLUND GUIDANCE CLINIC

ID Number: 800845861

received by electronic transmission on October 01, 2018 ***, is hereby endorsed.***

Filed on October 01, 2018 ***, by the Administrator.***

The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.



In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 1st day of October, 2018.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau