

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000004557

**FILED**  
**Apr 22, 2022**  
**Secretary of State**  
**1976000336CC**

**Entity Name:** OCD CENTRAL AND SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

783 NW 42ND WAY  
SUITE 200  
DEERFIELD BEACH, FL 33442

**Current Mailing Address:**

1200 N. FEDERAL HWY  
SUITE 200  
BOCA RATON, FL 33432 US

**FEI Number:** 81-2586247

**Certificate of Status Desired:** Yes

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

JACOB, MARNI  
1200 N. FEDERAL HWY  
SUITE 200  
BOCA RATON, FL 33432 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:** MARNI JACOB

04/22/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title AL  
Name SPIELMAN, JASON  
Address 2233 N. COMMERCE PKWY #3  
City-State-Zip: WESTON FL 33326

Title P  
Name JACOB, MARNI L PH.D.  
Address 1200 N. FEDERAL HIGHWAY, SUITE 200  
City-State-Zip: BOCA RATON FL 33432

Title T  
Name BRAND, JOSEPH PH.D.  
Address 4600 LINTON BOULEVARD SUITE 320  
City-State-Zip: DELRAY BEACH FL 33445

Title S  
Name STEWART, LINDSAY PH.D.  
Address 915 MIDDLE RIVER DRIVE, SUITE 408  
City-State-Zip: FORT LAUDERDALE FL 33304

Title VP  
Name MERRICKS, KATIE PHD  
Address 2653 MCCORMICK DRIVE  
City-State-Zip: CLEARWATER FL 33759

Title AL  
Name DHOLAKIA, RASHESH  
Address 251 MAITLAND AVE 304  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title AL  
Name MCCUTCHAN, NICOLE LCSW  
Address 4024 CENTRAL AVE  
City-State-Zip: ST. PETERSBURG FL 33711

Title AL  
Name LAMB, KARAN PSYD  
Address 2909 BUSCH LAKE BLVD  
City-State-Zip: TAMPA FL 33614

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRAND, JOSEPH, PH.D.

**TREASURER**

04/22/2022

Electronic Signature of Signing Officer/Director Detail

Date