

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000004557

Entity Name: OCD CENTRAL AND SOUTH FLORIDA, INC.**Current Principal Place of Business:**4600 LINTON BLVD
SUITE 250
DELRAY BEACH, FL 33445**Current Mailing Address:**1200 N. FEDERAL HWY
SUITE 200
BOCA RATON, FL 33432 US**FEI Number:** 81-2586247**Certificate of Status Desired:** No**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

03/23/2020

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

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

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

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

Title AL
Name KING, LINDA LMHC
Address 333 MALLARD ROAD
City-State-Zip: WESTON FL 33327

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: JOSEPH BRAND**TREASURER**

03/23/2020

Electronic Signature of Signing Officer/Director Detail

Date