## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000004557

Entity Name: OCD CENTRAL AND SOUTH FLORIDA, INC.

**FILED** Mar 09, 2017 **Secretary of State** CC9960852250

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

730 S. STERLING AVE SUITE 216 TAMPA, FL 33609

## **Current Mailing Address:**

4322 S. HALE AVE TAMPA, FL 33611 US

FEI Number: 81-2586247 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

NOEL, NATALIE R 4322 SOUTH HALE AVENUE TAMPA, FL 33611 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

Date

Officer/Director Detail:

VΡ Title Title

NOEL. NATALIE R LMHC JACOB, MARNI L PH.D. Name Name

Address 4322 SOUTH HALE AVENUE Address 1200 N. FEDERAL HIGHWAY, SUITE

TAMPA FL 33611 City-State-Zip: City-State-Zip: BOCA RATON FL 33432

Title

CO-S Title Name BRAND, JOSEPH PH.D.

Name STEWART, LINDSAY PH.D. Address 131 SOUTH FEDERAL HIGHWAY,

Address 915 MIDDLE RIVER DRIVE, SUITE 408 **APARTMENT 632** 

City-State-Zip: BOCA RATON FL 33432 City-State-Zip: FORT LAUDERDALE FL 33304

CO-S Title

Name DACH, KARINA M.S.

1421 SOUTHEAST 4 AVENUE, SUITE B Address

City-State-Zip: FORT LAUDERDALE FL 33316

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.

03/09/2017 SIGNATURE: NATALIE NOEL **PRESIDENT**