

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J07700

**Entity Name:** AFFILIATED HEALTH PSYCHOLOGISTS, P.A.

**Current Principal Place of Business:**

1709 SECOND STREET SOUTH  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

1709 SECOND STREET SOUTH  
JACKSONVILLE BEACH, FL 32250 US

**FEI Number:** 59-2651126

**Certificate of Status Desired:** No

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

COLD, KATHLEEN H  
ONE INDEPENDENT DR.  
STE. 2301  
JACKSONVILLE, FL 32202 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 :**

Title	PD	Title	VD
Name	KRIMSKY, EILEEN	Name	MORELAND, JOHN
Address	1709 SECOND STREET WOUTH	Address	1709 SECOND STREET WOUTH
City-State-Zip:	JACKSONVILLE BEACH FL 32250	City-State-Zip:	JACKSONVILLE BEACH FL 32250

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

**SIGNATURE:** EILEEN KRIMSKY

**PRESIDENT**

**04/23/2019**

Electronic Signature of Signing Officer/Director Detail

Date