

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J21329

**Entity Name:** PSYCHOLOGICAL SPECIALISTS OF GREATER NEW YORK, INC.**FILED**  
**Jan 09, 2024**  
**Secretary of State**  
**5028601511CC****Current Principal Place of Business:**10250 SW 56TH STREET  
SUITE D203  
MIAMI, FL 33165**Current Mailing Address:**10250 SW 56TH STREET  
SUITE D203  
MIAMI, FL 33165 US**FEI Number: 59-2732535****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**NORTHWEST REGISTERED AGENT LLC  
7901 4TH ST N  
STE 300  
ST. PETERSBURG, FL 33702 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: PATRICIA EVANS****01/09/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                               |
|-----------------|-------------------------------|
| Title           | P.D                           |
| Name            | SCHUSTER, RICHARD             |
| Address         | 275 MADISON AVE<br>SUITE 1916 |
| City-State-Zip: | NEW YORK FL 10016             |

|                 |                               |
|-----------------|-------------------------------|
| Title           | VP, D                         |
| Name            | ACER, KATHLEEN                |
| Address         | 275 MADISON AVE<br>SUITE 1916 |
| City-State-Zip: | NEW YORK FL 10016             |

|                 |                               |
|-----------------|-------------------------------|
| Title           | T,D                           |
| Name            | GRIMMER, KATE                 |
| Address         | 275 MADISON AVE<br>SUITE 1916 |
| City-State-Zip: | NEW YORK FL 10016             |

|                 |                               |
|-----------------|-------------------------------|
| Title           | S,D                           |
| Name            | SCHUSTER, SARAH               |
| Address         | 275 MADISON AVE<br>SUITE 1916 |
| City-State-Zip: | NEW YORK FL 10016             |

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: RICHARD SCHUSTER****P.D****01/09/2024**

Electronic Signature of Signing Officer/Director Detail

Date