

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000103310

**Entity Name:** WESTON PSYCHCARE, P.A.

**Current Principal Place of Business:**

12401 ORANGE DRIVE  
224  
DAVIE, FL 33330

**Current Mailing Address:**

12041 ORANGE DRIVE  
224  
DAVIE, FL 33330 US

**FEI Number:** 36-4480398

**Certificate of Status Desired:** No

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

GROBMAN, SETH L  
12401 ORANGE DRIVE  
224  
DAVIE, FL 33330 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 D  
Name GROBMAN, SETH L  
Address 12401 ORANGE DRIVE  
224  
City-State-Zip: DAVIE FL 33330

Title D  
Name GROBMAN, FAITH C  
Address 12401 ORANGE DRIVE  
224  
City-State-Zip: DAVIE FL 33330

*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:** SETH GROBMAN

**PRESIDENT**

**01/25/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date