

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000132606

Entity Name: SHARON LEE CHROVIAN, PSY. D., P.A.

Current Principal Place of Business:

C/O ASSOCIATES IN FAMILY PSYCHOLOGY
13430 PARKER COMMONS BLVD. STE 101
FT MYERS, FL 33912

Current Mailing Address:

C/O ASSOCIATES IN FAMILY PSYCHOLOGY
13430 PARKER COMMONS BLVD STE 101
FT MYERS, FL 33912 US

FEI Number: 51-0438242

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHROVIAN, SHARON L
C/O ASSOCIATES IN FAMILY PSYCHOLOGY
13430 PARKER COMMONS BLVD. STE 101
FT MYERS, FL 33912 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 PSYD
Name CHROVIAN, SHARON L
Address C/O ASSOCIATES IN FAMILY
PSYCHOLOGY
13430 PARKER COMMONS BLVD STE
101
City-State-Zip: FT MYERS FL 33912

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: SHARON L. CHROVIAN

PRESIDENT

02/09/2017

Electronic Signature of Signing Officer/Director Detail

Date