

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000051850

**Entity Name:** ARORA PSYCHIATRIC CONSULTATION SERVICES, PA

**Current Principal Place of Business:**

3636 UNIVERSITY BLVD., SOUTH  
SUITE B2  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

3636 UNIVERSITY BLVD., SOUTH  
SUITE B2  
JACKSONVILLE, FL 32216 US

**FEI Number:** 90-0118965

**Certificate of Status Desired:** No

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

ARORA, PRADEEP MD  
3636 UNIVERSITY BLVD., SOUTH  
SUITE B2  
JACKSONVILLE, FL 32216 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 DP  
Name ARORA, PRADEEP MD  
Address 3636 UNIVERSITY BLVD., SOUTH  
SUITE B2  
City-State-Zip: JACKSONVILLE FL 32216

*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:** PRADEEP ARORA

**PRESIDENT**

**01/27/2024**

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

\_\_\_\_\_  
Date