

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000015678

Entity Name: TARPON PSYCHIATRIC CENTER, P.A.

Current Principal Place of Business:

1501 SOUTH PINELLAS AVENUE
SUITE K
TARPON SPRINGS, FL 34689

Current Mailing Address:

1501 SOUTH PINELLAS AVENUE
SUITE K
TARPON SPRINGS, FL 34689

FEI Number: 20-2264744

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NICKOLAKIS, IRENE A
1501 SOUTH PINELLAS AVENUE
SUITE K
TARPON SPRINGS, FL 34689 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 PRES
Name NICKOLAKIS, IRENE A
Address 1501 SOUTH PINELLAS AVENUE
 SUITE K
City-State-Zip: TARPON SPRINGS FL 34689

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: IRENE A. NICKOLAKIS, M.D.

PRESIDENT

03/16/2017

Electronic Signature of Signing Officer/Director Detail

Date