

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000012082

**Entity Name:** SOLUTIONS - A COMBINED CENTER FOR THERAPY AND LEARNING, INC.

**Current Principal Place of Business:**

1483 S.W. BOUGAINVILLEA AVENUE  
PORT ST. LUCIE, FL 34953

**Current Mailing Address:**

1483 S.W. BOUGAINVILLEA AVENUE  
PORT ST. LUCIE, FL 34953

**FEI Number:** 20-4168485

**Certificate of Status Desired:** No

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

SOLUTIONS A COMBINED CENTER FOR THERAPY AND LEARNING  
1483 S.W. BOUGAINVILLEA AVENUE  
PORT ST. LUCIE, FL 34953 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: JENNIFER WILD

03/31/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name MCCANDLESS, JANELLE B  
Address 962 S.W. HAMBERLAND  
City-State-Zip: PORT ST. LUCIE FL 34953

Title S  
Name WILD, JENNIFER  
Address 10702 SW ELSINORE DRIVE  
City-State-Zip: PORT SAINT LUCIE FL 34987

*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: JENNIFER WILD

S

03/31/2017

Electronic Signature of Signing Officer/Director Detail

Date