

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000015742

**Entity Name:** ALONSO PSYCHOLOGICAL SERVICES CORP.

**Current Principal Place of Business:**

3191 CORAL WAY  
SUITE 402  
MIAMI, FL 33145

**Current Mailing Address:**

3191 CORAL WAY  
STE 402  
MIAMI, FL 33145 US

**FEI Number:** 20-5816886

**Certificate of Status Desired:** No

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

ALONSO, MARIA  
3191 CORAL WAY  
402  
MIAMI, FL 33145 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            ALONSO, MARIA D. DR.  
Address        3191 CORAL WAY  
                  402  
City-State-Zip: MIAMI FL 33145

*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:** ALONSO, MARIA D., DR.

**CEO/PRESIDENT**

**02/16/2023**

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

\_\_\_\_\_  
Date