

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000019431

**Entity Name:** EMERGE PSYCHOTHERAPY & HEALTH SERVICES, INC

**Current Principal Place of Business:**

1400 E OAKLAND PARK BLVD SUITE 105  
FT LAUDERDALE, FL 33334

**Current Mailing Address:**

1400 E OAKLAND PARK BLVD SUITE 105  
FT LAUDERDALE, FL 33334

**FEI Number:** 32-0333247

**Certificate of Status Desired:** No

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

TRUSZ, NANCY  
4421 NE 15 WAY  
FT LAUDERDALE, FL 33334 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 P, T  
Name TRUSZ, NANCY G  
Address 4421 NE 15 WAY  
City-State-Zip: FT LAUDERDALE FL 33334

Title S  
Name VARRASO, TERRY  
Address 4421 NE 15 WAY  
City-State-Zip: FT LAUDERDALE FL 33334

*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:** NANCY G. TRUSZ

P, T

06/26/2020

Electronic Signature of Signing Officer/Director Detail

Date