

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000069471

**Entity Name:** GINA ZUCCOLO, PSY.D., P.A.

**Current Principal Place of Business:**

601 NORTH ASHLEY DR.  
SUITE 1100-3002  
TAMPA, FL 33602

**Current Mailing Address:**

601 NORTH ASHLEY DR.  
SUITE 1100-3002  
TAMPA, FL 33602 US

**FEI Number:** 47-1635347

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC.  
7901 4TH ST N STE 300  
ST. PETERSBURG, FL 33702 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            PRESIDENT  
Name            ZUCCOLO, GINA  
Address        601 NORTH ASHLEY DRIVE  
                  SUITE 1100-3002  
City-State-Zip: TAMPA FL 33602

*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:** GINA ZUCCOLO

PRESIDENT

02/07/2023

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

\_\_\_\_\_  
Date