

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000001502

Entity Name: FLORIDA CENTER FOR AUTISM, INC.

Current Principal Place of Business:

8355 WEST FLAGLER STREET
SUITE 239
MIAMI, FL 33144

Current Mailing Address:

8355 WEST FLAGLER STREET
SUITE 239
MIAMI, FL 33144 US

FEI Number: 47-2659233

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARAUZ, KRISTEL
8355 WEST FLAGLER STREET
SUITE 239
MIAMI, FL 33144 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
Name ARAUZ, KRISTEL
Address 8355 WEST FLAGLER STREET
SUITE 239
City-State-Zip: MIAMI FL 33144

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: KRISTEL ARAUZ

PRESIDENT

04/01/2018

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date