

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000069107

Entity Name: SOUTH FLORIDA CLINICAL HYPNOTHERAPY INC.

Current Principal Place of Business:

7100 W. CAMINO REAL
302-38
BOCA RATON, FL 33438

Current Mailing Address:

22353 BARLAKE DR
BOCA RATON, FL 33433 US

FEI Number: 47-4850687

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CUNY, ROBERT B
23353 BARLAKE DR
BOCA RATON, FL 33433 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: ROBERT B CUNY

04/09/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name TRIPP, TAMMY M
Address 23353 BARLAKE DR
City-State-Zip: BOCA RATON FL 33433

Title VP
Name CUNY, ROBERT B
Address 23353 BARLAKE DR
City-State-Zip: BOCA RATON FL 33433

Title S
Name TRIPP, SANDRA J
Address 23353 BARLAKE DR
City-State-Zip: BOCA RATON FL 33433

Title T
Name TRIPP, TAMMY M
Address 23353 BARLAKE DR
City-State-Zip: BOCA RATON FL 33433

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: TAMMY TRIPP

PRESIDENT

04/09/2017

Electronic Signature of Signing Officer/Director Detail

Date