

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000072807

**Entity Name:** MELISSA DEGESO-JONES, PSY.D., P.A.

**Current Principal Place of Business:**

14310 N. DALE MABRY HWY.  
STE 150  
TAMPA, FL 33618

**Current Mailing Address:**

14310 N. DALE MABRY HWY.  
STE 150  
TAMPA, FL 33618 US

**FEI Number:** 47-4949748

**Certificate of Status Desired:** No

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

DEGESO-JONES, MELISSA PSY.D.  
14310 N. DALE MABRY HWY.  
STE 150  
TAMPA, FL 33618 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:** MELISSA DEGESO-JONES, PSY.D.

03/09/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRES  
Name            DEGESO-JONES, MELISSA PSY.D.  
Address        14310 N. DALE MABRY HWY.  
                  STE 150  
City-State-Zip: TAMPA FL 33618

*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:** MELISSA DEGESO-JONES, PSY.D.

PRESIDENT

03/09/2017

Electronic Signature of Signing Officer/Director Detail

Date