

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000097089

**Entity Name:** GOMEZ BEHAVIOR THERAPY CORP

**Current Principal Place of Business:**

8340 NW 32 CT  
MIAMI, FL 33147

**Current Mailing Address:**

8340 NW 32 CT  
MIAMI, FL 33147

**FEI Number:** 81-4645157

**Certificate of Status Desired:** No

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

LEAL, HOMERO  
2182 WEST 60 ST  
APT 19101  
HIALEAH, FL 33016 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 GOMEZ, MEILY  
Address 8340 NW 32 CT  
City-State-Zip: MIAMI FL 33147

*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:** MEILY GOMEZ

**OFFICER/DIRECTOR**DETA 04/22/2017  
IL

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

\_\_\_\_\_  
Date