

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000040698

**Entity Name:** JULIA E. VALENTE, LMHC, WELLNESS COUNSELING AND PSYCHOTHERAPY, P.A.

**FILED**  
**Feb 18, 2019**  
**Secretary of State**  
**4824400785CC**

**Current Principal Place of Business:**

14255 US HIGHWAY 1  
SUITE 231  
JUNO BEACH, FL 34408

**Current Mailing Address:**

1G LEXINGTON LANE EAST  
PALM BEACH GARDENS, FL 33418 US

**FEI Number: 82-5490242**

**Certificate of Status Desired: Yes**

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

VALENTE, JULIA E  
1G LEXINGTON LANE EAST  
PALM BEACH GARDENS, FL 33418 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 VP  
Name VALENTE, FRANCIS  
Address 1G LEXINGTON LANE EAST  
City-State-Zip: PALM BEACH GARDENS FL 33418

*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: FRANCIS VALENTE**

**VP**

**02/18/2019**

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

\_\_\_\_\_  
Date