

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000091504

Entity Name: ADMINISTRATIVE BUSINESS COUNCIL PSI, INC.**Current Principal Place of Business:**2480 WINDY HILL RD SUITE 206
MARIETTA, GA 30067-8656**Current Mailing Address:**9813 MARINE COURT
JACKSONVILLE, FL 32221 US**FEI Number:** 41-2247127**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UTRERA, P.A., SPIEGEL &
1840 SOUTHWEST 22ND ST 4TH FLOOR
MIAMI, FL 33145 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	COSTON, OFFICER REDA M. PHD
Address	2480 WINDY HILL RD SUITE 206
City-State-Zip:	MARIETTA GA 30067-8656

Title	S
Name	COSTON, SHAWNA DR.
Address	2480 WINDY HILL RD SUITE 206
City-State-Zip:	MARIETTA GA 30067-8656

Title	T
Name	COSTON, OFFICER REDA M. PH.D
Address	2480 WINDY HILL RD SUITE 206
City-State-Zip:	MARIETTA GA 30067-8656

Title	D
Name	COSTON, OFFICER REDA M. PH.D
Address	2480 WINDY HILL RD SUITE 206
City-State-Zip:	MARIETTA GA 30067-8656

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: OFFICER REDA COSTON CHPL., LL.M. PSY/PH.D CEO, COO.

04/26/2023

Electronic Signature of Signing Officer/Director Detail_____
Date