

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000010231

**Entity Name:** PRESCRIBING PSYCHOLOGISTS' REGISTER, INC.

**Current Principal Place of Business:**

2110 NE 206 ST.  
N MIAMI BCH., FL 33179

**Current Mailing Address:**

2110 NE 206 ST.  
N MIAMI BCH., FL 33179

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

FELDMAN, SAMUEL A  
2110 NE 206 ST  
N MIAMI BCH., FL 33179 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            PRES  
Name            FELDMAN, SAMUEL A  
Address        2110 NE 206 ST  
City-State-Zip: N MIAMI BCH. FL 33179

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: SAMUEL A. FELDMAN**

**PRES.**

**04/25/2014**

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

\_\_\_\_\_  
Date