

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000084155

Entity Name: MULTILINGUAL PSYCHOTHERAPY CENTERS, INC.**Current Principal Place of Business:**1639 FORUM PLACE
SUITE #7
WEST PALM BEACH, FL 33401**Current Mailing Address:**1639 FORUM PLACE
SUITE #7
WEST PALM BEACH, FL 33401 US**FEI Number:** 65-0789015**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MEROLA, JAMES R ESQ.
600 SANDTREE DRIVE
SUITE #106
PALM BEACH GARDENS, FL 33403 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:** JAMES R. MEROLA

03/09/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P/D
Name	MALOOF, MARIA I
Address	236 BLOOMFIELD DR
City-State-Zip:	WEST PALM BEACH FL 33405

Title	T/D
Name	CABRAL, CAESER R JR.
Address	1639 FORUM PLACE SUITE #7
City-State-Zip:	WEST PALM BEACH FL 33401

Title	D
Name	DORANTE, JOSE M
Address	1639 FORUM PLACE SUITE #7
City-State-Zip:	WEST PALM BEACH FL 33401

Title	S/D
Name	PAJARES, ALICIA B
Address	1639 FORUM PLACE SUITE #7
City-State-Zip:	WEST PALM BEACH FL 33401

Title	D
Name	CROSBY, FRANCIS X.
Address	1639 FORUM PLACE SUITE #7
City-State-Zip:	WEST PALM BEACH FL 33401

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: ALICIA B PAJARES**SECRETARY**

03/09/2022

Electronic Signature of Signing Officer/Director Detail

Date