

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000026862

Entity Name: THE ORION CENTER FOR PSYCHOTHERAPY, INC.

Current Principal Place of Business:

1925 NE 45TH STREET
SUITE 129
FT. LAUDERDALE, FL 33305

Current Mailing Address:

7551 NW 1ST ST
PEMBROKE PINES, FL 33024

FEI Number: 65-0905679

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KALLAS, GEORGE J
7551 NW 1ST STREET
PEMBROKE PINES, FL 33024 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 PDCM
Name KALLAS, GEORGE JAMES
Address 7551 NW 1ST STREET
City-State-Zip: PEMBROKE PINES FL 33024

Title VTS
Name KALLAS, SHANNIE
Address 7551 NW 1ST STREET
City-State-Zip: PEMBROKE PINES FL 33024

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: GEORGE JAMES KALLAS

PDCM

01/11/2014

Electronic Signature of Signing Officer/Director Detail

_____ Date